

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE 07 SEP 19 PH 1:00

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT PAT ROBERTS FOR SENATE PO BOX 433

ADDRESS (number and street) GREAT BEND KS 67530

2. FEC IDENTIFICATION NUMBER C00128876 3. IS THIS REPORT NEW OR AMENDED X STATE DISTRICT KS

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) 12-Day PRE- Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (b) 30-Day Post- Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 04 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ROBERT A. PARRISH, (RICHARD A. BALL ASSIST. TREAS)

Signature of Treasurer [Signature] Date 09 11 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

27020300445

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**PAT ROBERTS FOR SENATE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	421430.61	1783305.78
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	3500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	421430.61	1779805.78
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	171710.00	791092.30
(b) Total Offsets to Operating Expenditures (from Line 14) .....	4055.00	6997.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	167655.00	784094.90
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>1972057.89</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

27020300446

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

**PAT ROBERTS FOR SENATE**

Report Covering the Period: From: 

M	D	M
04	01	2007

To: 

M	D	M
06	30	2007

I. RECEIPTS	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	131597.57	
(ii) Unitemized .....	11705.77	
(iii) TOTAL of contributions from individuals .....	143303.34	861119.29
(b) Political Party Committees .....	0.00	5100.00
(c) Other Political Committees (such as PACs) .....	278127.27	917086.49
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	421430.61	1783305.78
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	<b>483000.00</b>	<b>483000.00</b>
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate .....	0.00	0.00
(b) All Other Loans .....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)) .....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	<b>4055.00</b>	<b>6997.40</b>
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	<b>11640.51</b>	<b>53607.32</b>
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) .....</b>	<b>920126.12</b>	<b>2326910.50</b>

27020300447

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES .....	171710.00	791092.30
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	95140.32
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate .....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (such as PACs) .....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	1500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) .....	0.00	3500.00
21. OTHER DISBURSEMENTS .....	0.00	39535.58
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	171710.00	929268.20

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	1223641.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) .....	920126.12
25. SUBTOTAL (add Line 23 and Line 24) .....	2143767.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) .....	171710.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) .....	1972057.89

27020300448

FEC FORM 3Z-1

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)  
(Millionaires' Amendment)

Name of Candidate <i>Senator Pat Roberts</i>		Candidate ID Number <i>H08501016</i>
Name of Principal Campaign Committee PAT ROBERTS FOR SENATE		Candidate ID Number <b>C</b> C00128876
Committee Address PO BOX 433		
City GREAT BEND	State KS	Zip 67530
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	2050592.93	276317.57
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	2050592.93	276317.57

27020300449

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 62

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Guldner, Harold**

Mailing Address

PO Box 648

City  
Syracuse

State  
KS

Zip Code  
67878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired Farmer

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
04 / 04 / 2007

Transaction ID: C-1257-00Nd0A

Amount of Each Receipt this Period

100.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**B. Hough, Dee**

Mailing Address

750 S. 200TH St.

City  
Pittsburg

State  
KS

Zip Code  
66762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1800.00

Date of Receipt

MM / DD / YYYY  
04 / 04 / 2007

Transaction ID: C-1400-031p04

Amount of Each Receipt this Period

100.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**C. Kaminsky, Lawrence**

Mailing Address

10235 S. Greentree Ct

City  
Olathe

State  
KS

Zip Code  
66061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thomas McGee, L.C.

Occupation  
Insurance

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY  
04 / 04 / 2007

Transaction ID: C-1527-02o803

Amount of Each Receipt this Period

100.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

300.00

27020300450

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial) <b>A. Lewis, Walter E.</b>			Date of Receipt M/M / D/D / Y-Y-Y-Y 04 / 04 / 2007		
Mailing Address 9102 E. Country Walk			Transaction ID: C-1717-036g01		
City Wichita	State KS	Zip Code 67206	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1) <input type="checkbox"/>		
Name of Employer Self-Employed - Lewis		Occupation Real Estate Development			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		Election Cycle-to-Date ▼ 600.00			
Full Name (Last, First, Middle Initial) <b>B. Wagnon, Ken</b>			Date of Receipt M/M / D/D / Y-Y-Y-Y 04 / 04 / 2007		
Mailing Address 1315 North Foliage Ct			Transaction ID: C-3017-01FX03		
City Wichita	State KS	Zip Code 67206	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1) <input type="checkbox"/>		
Name of Employer Capitol Enterprises Inc.		Occupation President			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		Election Cycle-to-Date ▼ 4600.00			
Full Name (Last, First, Middle Initial) <b>C. Chandler, George</b>			Date of Receipt M/M / D/D / Y-Y-Y-Y 04 / 06 / 2007		
Mailing Address P. O. Box N.			Transaction ID: C-650-00Ck0B		
City Pratt	State KS	Zip Code 67124	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1) <input type="checkbox"/>		
Name of Employer First National Bank of Pratt		Occupation Banker			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		Election Cycle-to-Date ▼ 1600.00			
SUBTOTAL of Receipts This Page (optional) .....			500.00		
TOTAL This Period (last page this line number only) .....			800.00		

27020300451

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

<p>Full Name (Last, First, Middle Initial) <b>A. Guckenheimer, Dan</b></p>		<p>Date of Receipt 04 / 06 / 2007</p>	
<p>Mailing Address 8439 W. 113TH St.</p>		<p>Transaction ID: C-1250-025606</p>	
<p>City Overland Park</p>	<p>State KS</p>	<p>Zip Code 66210</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>Name of Employer Guckenheimer &amp; Co.</p>	<p>Occupation Financial Consultant</p>		
<p>Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼</p>	<p>Election Cycle-to-Date ▼ 300.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. Klabunde, Kenneth J.</b></p>		<p>Date of Receipt 04 / 06 / 2007</p>	
<p>Mailing Address 105 Notre Dame Circle</p>		<p>Transaction ID: C-1590-02bv05</p>	
<p>City Manhattan</p>	<p>State KS</p>	<p>Zip Code 66503</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 50.00</p>	
<p>Name of Employer KSU</p>	<p>Occupation Professor</p>		
<p>Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼</p>	<p>Election Cycle-to-Date ▼ 250.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. Stockwell, Morgan U.</b></p>		<p>Date of Receipt 04 / 06 / 2007</p>	
<p>Mailing Address 6102 SW 38th St.</p>		<p>Transaction ID: C-2797-02Vv04</p>	
<p>City Topeka</p>	<p>State KS</p>	<p>Zip Code 66610</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 100.00</p>	
<p>Name of Employer None</p>	<p>Occupation Retired</p>		
<p>Receipt For: <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼</p>	<p>Election Cycle-to-Date ▼ 225.00</p>		
<p>SUBTOTAL of Receipts This Page (optional) .....</p>		<p>250.00</p>	
<p>TOTAL This Period (last page this line number only) .....</p>		<p>1050.00</p>	

27020300452

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Timmons, John W.

Mailing Address

2408 Davis Ave.

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing federal political committee.

C

Name of Employer

The Cormac Group

Occupation

Principal

Receipt For:

Primary

General

Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 06 / 2007

Transaction ID: C-2908-035702

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

B. Washaliski, Reginald

Mailing Address

Hc 1 Box 91

City

Mc Cracken

State

KS

Zip Code

67556

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Farmer Stockman/State Farm Ins. Agt.

Receipt For:

Primary

General

Other (specify): ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
04 / 06 / 2007

Transaction ID: C-3047-00xW07

Amount of Each Receipt this Period

100.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

C. Cain, Clifford D.

Mailing Address

1921 W. Broadmoor Ln

City

Round Lake

State

IL

Zip Code

60073

FEC ID number of contributing federal political committee.

C

Name of Employer

Agricultural Professional Services

Occupation

President & CEO

Receipt For:

Primary

General

Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 09 / 2007

Transaction ID: C-581-036j01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....

2650.00

27020300453

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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11a  11b  11c  11d  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Hirni, James F.

Mailing Address

514 F. St. NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cassidy and Associates

Occupation

Senior Vice President

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 09 / 2007

Transaction ID: C-1368-036o01

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

B. Bales, Polly

Mailing Address

PO Box 185

City

Logan

State

KS

Zip Code

67646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Homemaker

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1600.00

Date of Receipt

MM / DD / YYYY  
04 / 10 / 2007

Transaction ID: C-171-005z05

Amount of Each Receipt this Period

250.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

C. Lebsack, Wayne

Mailing Address

603 S. Douglas Ave.

City

Lyons

State

KS

Zip Code

67554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Petroleum Geologist

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
04 / 10 / 2007

Transaction ID: C-1695-00YI08

Amount of Each Receipt this Period

100.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

3500.00

27020300454

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14
							15

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Stones, Charles O.**

Mailing Address

1722 Parkwood Ln

City

Garden City

State

KS

Zip Code

67846

FEC ID number of contributing federal political committee.

C

Name of Employer  
None

Occupation  
Retired School Teacher

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

04 / 10 / 2007

Transaction ID: C-2811-02xJ02

Amount of Each Receipt this Period

50.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**B. Boulanger, Todd A.**

Mailing Address

637 A. Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing federal political committee.

C

Name of Employer  
Greenberg and Taurig Attorneys

Occupation  
Attorney

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

04 / 12 / 2007

Transaction ID: C-489-036x01

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**C. Cunningham, T. J.**

Mailing Address

21971 Whitecap Cr

City

Lyndon

State

KS

Zip Code

66451

FEC ID number of contributing federal political committee.

C

Name of Employer  
C5 International, LLC

Occupation  
Salesman

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

04 / 14 / 2007

Transaction ID: C-794-02pw03

Amount of Each Receipt this Period

200.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

4250.00

27020300455

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

<p>Full Name (Last, First, Middle Initial)</p> <p><b>A. Apple, Pat</b></p> <p>Mailing Address PO Box 626</p> <p>City State Zip Code Louisburg KS 66053</p> <p>FEC ID number of contributing federal political committee. <input type="checkbox"/> C</p> <p>Name of Employer Occupation Apple Electric Inc / State of Electrician / KS Senator</p> <p>Receipt For: Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2007</p> <p>Transaction ID: C-104-037001</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)</p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>B. Carney, Daniel M.</b></p> <p>Mailing Address 8100 E. 22nd St. North Bldg 1900</p> <p>City State Zip Code Wichita KS 67226</p> <p>FEC ID number of contributing federal political committee. <input type="checkbox"/> C</p> <p>Name of Employer Occupation Self-Employed/Retired Investments</p> <p>Receipt For: Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼ 2750.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2007</p> <p>Transaction ID: C-613-01CP06</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)</p>
<p>Full Name (Last, First, Middle Initial)</p> <p><b>C. Flinchbaugh, B. L.</b></p> <p>Mailing Address 1943 Bluestem Terr</p> <p>City State Zip Code Manhattan KS 66502</p> <p>FEC ID number of contributing federal political committee. <input type="checkbox"/> C</p> <p>Name of Employer Occupation KSU Professor</p> <p>Receipt For: Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2007</p> <p>Transaction ID: C-1083-01xH02</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p> <p><b>TOTAL</b> This Period (last page this line number only) .....</p>		<p>1000.00</p> <p>5250.00</p>

27020300456

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial)

**A. Poole, E. Christine**

Mailing Address

11 Sandpiper

City  
Wichita

State  
KS

Zip Code  
67230

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Homemaker

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

04 / 18 / 2007

Transaction ID: C-2300-02R805

Amount of Each Receipt this Period

100.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**B. Reifschneider, John**

Mailing Address

20018 W. 93rd Street

City  
Lenexa

State  
KS

Zip Code  
66220

FEC ID number of contributing federal political committee.

C

Name of Employer  
Reifschneider Eye Center

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

04 / 18 / 2007

Transaction ID: C-2400-036y01

Amount of Each Receipt this Period

250.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**C. Thompson, I. Joyce**

Mailing Address

10615 W. 70 Terrace

City  
Shawnee

State  
KS

Zip Code  
66203

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Real Estate Developer

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

04 / 18 / 2007

Transaction ID: C-2900-01ro09

Amount of Each Receipt this Period

200.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

550.00

TOTAL This Period (last page this line number only) .....

5800.00

27020300457

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	15
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial) <b>A. Etherton, Jonathan</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2007
Mailing Address 6902 Bright Ave.		Transaction ID: C-1000-037701
City Mc Lean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C	Amount of Each Receipt this Period 1000.00	
Name of Employer Etherton and Associates, Inc.	Occupation Consultant	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Ferrell, Elizabeth</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2007
Mailing Address 2800 Verona Road		Transaction ID: C-1057-037R01
City Mission Hills	State KS	Zip Code 66208
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C	Amount of Each Receipt this Period 2300.00	
Name of Employer Self-Employed	Occupation Homemaker	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) <b>C. Huffard, Mary Kathryn B.</b>		Date of Receipt MM / DD / YYYY 04 / 23 / 2007
Mailing Address 1332 Massachusetts Ave. SE		Transaction ID: C-1424-037A01
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C	Amount of Each Receipt this Period 500.00	
Name of Employer Fierce Isakowitz and Blalock	Occupation Government Relations Specialist	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	3800.00
TOTAL This Period (last page this line number only) .....	9600.00

27020300458

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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11a  11b  11c  11d  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Perez, Jose R.

Mailing Address

4321 Doerun Ct

City

Norcross

State

GA

Zip Code

30092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Target Market Trends

Occupation

Business Consultant

Receipt For:

Primary  General  
 Other (specify):

Election Cycle-to-Date

1000.00

Date of Receipt

04 / 23 / 2007

Transaction ID: C-2240-037501

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

B. Picerne, John G.

Mailing Address

6946 Post Rd., Ste 300

City

North Kingstown

State

RI

Zip Code

02852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Picerne Properties

Occupation

Executive VP

Receipt For:

Primary  General  
 Other (specify):

Election Cycle-to-Date

1000.00

Date of Receipt

04 / 23 / 2007

Transaction ID: C-2275-037801

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

C. Barrett, Ernie D.

Mailing Address

2105 Grand Ridge Ct

City

Manhattan

State

KS

Zip Code

66502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas State University

Occupation

Dir. of Development

Receipt For:

Primary  General  
 Other (specify):

Election Cycle-to-Date

500.00

Date of Receipt

04 / 24 / 2007

Transaction ID: C-303-022A03

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

12100.00

27020300459

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Mills, Michael T.**

Mailing Address

P. O. Box 276

City

Mc Pherson

State

KS

Zip Code

67460

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Lawyer

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

04 / 24 / 2007

Transaction ID: C-1963-02dG04

Amount of Each Receipt this Period

100.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**B. Morrison, Robert**

Mailing Address

64 Willowbrook

City

Hutchinson

State

KS

Zip Code

67502

FEC ID number of contributing federal political committee.

C

Name of Employer  
None

Occupation  
Retired Orthodontist

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

04 / 24 / 2007

Transaction ID: C-2004-014W08

Amount of Each Receipt this Period

50.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**C. Bell, D. W.**

Mailing Address

9950 West 151ST St.

City

Stanley

State

KS

Zip Code

66221

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

05 / 01 / 2007

Transaction ID: C-352-037E01

Amount of Each Receipt this Period

250.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....

12500.00

27020309460

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 12 OF 62

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

**A. Henrichs, Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 500 St. Joseph  
 City State Zip Code  
 Dodge City KS 67801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For:  Primary  General  
 Other (specify):  
 Election Cycle-to-Date **700.00**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2007  
 Transaction ID: C-1341-00QJ03  
 Amount of Each Receipt this Period  
**500.00**  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

**B. Kimbell, Jeffrey J.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 4511 Cathedral Avenue NW  
 City State Zip Code  
 Washington DC 20016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Jeffrey J. Kimbell & Associates, Small Business Owner  
 Receipt For:  Primary  General  
 Other (specify):  
 Election Cycle-to-Date **1000.00**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2007  
 Transaction ID: C-1562-037C01  
 Amount of Each Receipt this Period  
**1000.00**  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

**C. Lair, Gregory D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 1331 Xylan Road  
 City State Zip Code  
 Piqua KS 66761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Farmer  
 Receipt For:  Primary  General  
 Other (specify):  
 Election Cycle-to-Date **250.00**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2007  
 Transaction ID: C-1657-01eN02  
 Amount of Each Receipt this Period  
**250.00**  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) **1750.00**  
 TOTAL This Period (last page this line number only) **14250.00**

27020300461

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial) <b>A. Landoll, Donald R.</b>		Date of Receipt MM / DD / YYYY 05 / 01 / 2007
Mailing Address 1201 N. 16th Street		Transaction ID: C-1671-02nW04
City Marysville	State KS	Zip Code 66508
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Landoll Corp.	Occupation Chairman	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) <b>B. Schwan, Alfred Paul</b>		Date of Receipt MM / DD / YYYY 05 / 01 / 2007
Mailing Address 1312 Marymount Rd.		Transaction ID: C-2609-013h06
City Salina	State KS	Zip Code 67401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Schwan Enterprises	Occupation President and General Manager	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Berman, Wayne Lee</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2007
Mailing Address PO Box 60446		Transaction ID: C-387-037V01
City Potomac	State MD	Zip Code 20859
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Ogilvy Government Relations	Occupation Managing Director	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	2200.00
TOTAL This Period (last page this line number only) .....	16450.00

27020300462

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Ferrell, Jim**

Mailing Address

444 W. 47th St., #415

City

Kansas City

State

MO

Zip Code

64112

FEC ID number of contributing federal political committee.

C

Name of Employer  
Ferrell Gas

Occupation  
Chrmn/CEO

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

05 / 07 / 2007

Transaction ID: C-1058-031x01

Amount of Each Receipt this Period

2300.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**B. Grissom, Nancy**

Mailing Address

Rt 2, Box 107

City

Seminole

State

TX

Zip Code

79360

FEC ID number of contributing federal political committee.

C

Name of Employer  
L & N Farms

Occupation  
Farming

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2007

Transaction ID: C-1244-037Y01

Amount of Each Receipt this Period

250.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**C. Hobbs, Eamonn P.**

Mailing Address

603 Queensbury Ave.

City

Queensbury

State

NY

Zip Code

12804

FEC ID number of contributing federal political committee.

C

Name of Employer  
AngioDynamics, Inc.

Occupation  
President & CEO

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2007

Transaction ID: C-1375-037b01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

3550.00

TOTAL This Period (last page this line number only) .....

20000.00

27020300463

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Long, Dana

Mailing Address

Rt 4, Box 514

City  
Seminole

State  
TX

Zip Code  
79360

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Farming

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 07 / 2007

Transaction ID: C-1743-037i01

Amount of Each Receipt this Period

250.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

B. Mixon, Keith

Mailing Address

516 SW 2R3D

City  
Seminole

State  
TX

Zip Code  
79360

FEC ID number of contributing federal political committee.

C

Name of Employer  
Carson County Gin

Occupation  
Gin Manager

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 07 / 2007

Transaction ID: C-1972-037i01

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

C. Ortloff, Alan

Mailing Address

RR 3 Box 7

City  
Madill

State  
OK

Zip Code  
73446

FEC ID number of contributing federal political committee.

C

Name of Employer  
Clint Williams Co, Div of Texoma

Occupation  
Business Owner/Operator

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 07 / 2007

Transaction ID: C-2174-037f01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

21750.00

27020300464

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial) <b>A. Palmer, Jack</b>		Date of Receipt 05 / 07 / 2007
Mailing Address P. O. Box 668		Transaction ID: C-2196-037e01
City Plains	State TX	Zip Code 79355
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer J & M Farms	Occupation Farming	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Roberts, Dale</b>		Date of Receipt 05 / 07 / 2007
Mailing Address P. O. Box 1536		Transaction ID: C-2460-037c01
City Seminole	State TX	Zip Code 79360
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Farmer	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Schwartz, Thomas A.</b>		Date of Receipt 05 / 07 / 2007
Mailing Address 2844 SW Burlingame Rd.		Transaction ID: C-2614-01Ah06
City Topeka	State KS	Zip Code 66611
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer None	Occupation Retired	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	23000.00

27020300455

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Shearer, Jimmie**

Mailing Address

416 East 17th Street

City  
Portales

State  
NM

Zip Code  
88130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sunland Inc.

Occupation  
President

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2007

Transaction ID: C-2654-037g01

Amount of Each Receipt this Period

250.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**B. Snodgrass, Brian**

Mailing Address

2314 Southwest Ave. B.

City  
Seminole

State  
TX

Zip Code  
79360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Snodgrass Farms

Occupation  
Farming

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2007

Transaction ID: C-2723-037W01

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**C. Stone, Clifford**

Mailing Address

P. O. Box 528

City  
El Dorado

State  
KS

Zip Code  
67042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

05 / 07 / 2007

Transaction ID: C-2806-00sM0J

Amount of Each Receipt this Period

1100.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

1850.00

TOTAL This Period (last page this line number only) .....

24850.00

27020300466

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Birkbeck, James S.

Mailing Address

401 Commanche

City  
Holton

State  
KS

Zip Code  
66436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Denison Bank

Occupation  
Banker

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 22 / 2007

Transaction ID: C-425-01hj05

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

B. Bos, Norman C.

Mailing Address

2606 N. Van Buren St.

City  
Hutchinson

State  
KS

Zip Code  
67502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired Orthop. Surgeon

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 22 / 2007

Transaction ID: C-486-01mv06

Amount of Each Receipt this Period

100.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

C. Campbell, John G.

Mailing Address

126 Cuyler Lane

City  
St. Simons Island

State  
GA

Zip Code  
31522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired Col. U.S. Army

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 22 / 2007

Transaction ID: C-600-038C01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) →

1600.00

TOTAL This Period (last page this line number only) →

26450.00

27020300457

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. D'Arcangelo, Michael D.

Mailing Address

149 Winchester Lane

City

Newtown

State

PA

Zip Code

18940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Complete Health Care

Occupation

Human Resources

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2007

Transaction ID: C-808-037x01

Amount of Each Receipt this Period

750.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

B. Dean, Harvey

Mailing Address

1503 Bitner Ct

City

Pittsburg

State

KS

Zip Code

66762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pitsco

Occupation

President & CEO

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2007

Transaction ID: C-847-036r01

Amount of Each Receipt this Period

2000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

C. Emch, Gregg W.

Mailing Address

4517 Dovewood Ln

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MacMillan, Sobanski & Todd,

Occupation

Attorney

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2007

Transaction ID: C-972-038701

Amount of Each Receipt this Period

250.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

29450.00

27020300468

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

**A. Gillespie, Ted**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 5160 Fairmeadow  
 City: Sylvania State: OH Zip Code: 43560  
 Date of Receipt: 05 / 22 / 2007  
 Transaction ID: C-1191-038301  
 Amount of Each Receipt this Period: 400.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: MacMillan, Sobanski & Todd LLC Occupation: Attorney  
 Receipt For:  Primary  General  Other (specify):  
 Election Cycle-to-Date: 400.00  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

**B. Haddix, George**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 7411 Madison St.  
 City: Ralston State: NE Zip Code: 68127  
 Date of Receipt: 05 / 22 / 2007  
 Transaction ID: C-1260-037v01  
 Amount of Each Receipt this Period: 1000.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: PKW Holdings, Inc. Occupation: Chairman and CEO  
 Receipt For:  Primary  General  Other (specify):  
 Election Cycle-to-Date: 1000.00  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

**C. Hitaffer, Tiffany**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 2717 Shoreland Avenue  
 City: Toledo State: OH Zip Code: 43611  
 Date of Receipt: 05 / 22 / 2007  
 Transaction ID: C-1370-038501  
 Amount of Each Receipt this Period: 300.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Self-Employed Occupation: Homemaker  
 Receipt For:  Primary  General  Other (specify):  
 Election Cycle-to-Date: 300.00  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) ..... 1700.00  
 TOTAL This Period (last page this line number only) ..... 31150.00

27020300469

**SCHEDULE A (FEC Form 3)  
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Use separate schedule(s)  
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial)

**A. Horen, Jeff**

Mailing Address  
12320 Riggs Road

City State Zip Code  
Leawood KS 66209

FEC ID number of contributing federal political committee.   C

Name of Employer Occupation  
Sprint Nextel Corporation Strategic Planner

Receipt For: Election Cycle-to-Date  
 Primary  General  
 Other (specify):  
385.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2007

Transaction ID: C-1394-02SE02

Amount of Each Receipt this Period

25.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**B. Mammel, Carl G.**

Mailing Address  
8805 Indian Hills Dr., Suite 375

City State Zip Code  
Omaha NE 68114

FEC ID number of contributing federal political committee.   C

Name of Employer Occupation  
Mammel and Associates Insurance Salesman

Receipt For: Election Cycle-to-Date  
 Primary  General  
 Other (specify):  
1000.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2007

Transaction ID: C-1785-037w01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**C. Sapin, Craig P.**

Mailing Address  
2030 Avila Ct

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing federal political committee.   C

Name of Employer Occupation  
Procopio, Cory, Hargreaves & Lawyer

Receipt For: Election Cycle-to-Date  
 Primary  General  
 Other (specify):  
500.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2007

Transaction ID: C-2550-038601

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

1525.00

TOTAL This Period (last page this line number only) .....

32675.00

27020300470

**SCHEDULE A (FEC Form 3)  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Schlossberg, Floyd A.

Mailing Address

Ceo/President, Alden Management Services Inc.

City  
Chicago

State  
IL

Zip Code  
60646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alden Management Services,

Occupation  
CEO/President

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2007

Transaction ID: C-2578-038001

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

B. Stinson, Kenneth E.

Mailing Address

14349 Hamilton St.

City  
Omaha

State  
NE

Zip Code  
68154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kiewit Corporation

Occupation  
Chairman

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2007

Transaction ID: C-2794-02FW02

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

C. Walter, Jeffery M.

Mailing Address

2207 Belle Haven Road

City  
Alexandria

State  
VA

Zip Code  
22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Walter Group

Occupation  
Consultant

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2007

Transaction ID: C-3037-038101

Amount of Each Receipt this Period

2000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

36175.00

27020300471

**SCHEDULE A (FEC Form 3)  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Lohnes, John H.

Mailing Address

3459 S. 143RD St. East

City  
Wichita

State  
KS

Zip Code  
67232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wichita Radiological Group

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

05 / 30 / 2007

Transaction ID: C-1740-02TE02

Amount of Each Receipt this Period

250.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

B. Muncy, Martha

Mailing Address

511 Annette St

City  
Dodge City

State  
KS

Zip Code  
67801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

2250.00

Date of Receipt

05 / 30 / 2007

Transaction ID: C-2033-00eB0B

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

C. Coleman, Jim

Mailing Address

2702 Scenic Bend

City  
Modesto

State  
CA

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E & J Gallo Winery

Occupation  
Co President

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

05 / 31 / 2007

Transaction ID: C-705-03Gs01

Amount of Each Receipt this Period

2300.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

\* In-Kind -> MacMurray Ranch-Event

SUBTOTAL of Receipts This Page (optional) .....

3050.00

TOTAL This Period (last page this line number only) .....

39225.00

27020300472

**SCHEDULE A (FEC Form 3)  
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

**A. Gallo, Mary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 865 Claus Road  
 City Modesto State CA Zip Code 95357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify):  
 Election Cycle-to-Date **575.00**  
 Date of Receipt **05 / 31 / 2007**  
 Transaction ID: C-1144-03Gt01  
 Amount of Each Receipt this Period **575.00**  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)  
**\* In-Kind-> MacMurray Ranch Event**

**B. Raffaniello, Patrick J.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 1161 Old Gate Court  
 City McLean State VA Zip Code 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clark Counseling Occupation Attorney  
 Receipt For:  Primary  General  Other (specify):  
 Election Cycle-to-Date **1000.00**  
 Date of Receipt **06 / 02 / 2007**  
 Transaction ID: C-2347-03A301  
 Amount of Each Receipt this Period **500.00**  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)  
**\* In-Kind-> Dinner at 101 Constitutio**

**C. Alpert, Jeffrey S.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 2912 W. 113TH St.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Park Place Developers LLC Occupation Partner  
 Receipt For:  Primary  General  Other (specify):  
 Election Cycle-to-Date **1500.00**  
 Date of Receipt **06 / 04 / 2007**  
 Transaction ID: C-53-038S01  
 Amount of Each Receipt this Period **1500.00**  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) **2575.00**  
 TOTAL This Period (last page this line number only) **41800.00**

27020300473

**SCHEDULE A (FEC Form 3)  
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Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

<p>Full Name (Last, First, Middle Initial)</p> <p><b>A. Bernard, Lisa</b></p>		<p>Date of Receipt</p> <p>06 / 04 / 2007</p>	
<p>Mailing Address</p> <p>8215 W. 99th St.</p>		<p>Transaction ID: C-388-038T01</p>	
<p>City</p> <p>Overland Park</p>	<p>State</p> <p>KS</p>	<p>Zip Code</p> <p>66212</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		<p>Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)</p> <p><input type="checkbox"/></p>	
<p>Name of Employer</p> <p>Private Practice</p>	<p>Occupation</p> <p>Anesthesiologist</p>		
<p>Receipt For:</p> <p><input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼</p>	<p>Election Cycle-to-Date ▼</p> <p>500.00</p>		
<p>Full Name (Last, First, Middle Initial)</p> <p><b>B. Ernstein, Cara</b></p>		<p>Date of Receipt</p> <p>06 / 04 / 2007</p>	
<p>Mailing Address</p> <p>8694 W. 101ST St.</p>		<p>Transaction ID: C-993-038U01</p>	
<p>City</p> <p>Overland Park</p>	<p>State</p> <p>KS</p>	<p>Zip Code</p> <p>66212</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		<p>Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)</p> <p><input type="checkbox"/></p>	
<p>Name of Employer</p> <p>Software Development</p>	<p>Occupation</p> <p>Salesman</p>		
<p>Receipt For:</p> <p><input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼</p>	<p>Election Cycle-to-Date ▼</p> <p>500.00</p>		
<p>Full Name (Last, First, Middle Initial)</p> <p><b>C. Gortenburg, Michael</b></p>		<p>Date of Receipt</p> <p>06 / 04 / 2007</p>	
<p>Mailing Address</p> <p>2917 W. 112TH St.</p>		<p>Transaction ID: C-1212-038V01</p>	
<p>City</p> <p>Leawood</p>	<p>State</p> <p>KS</p>	<p>Zip Code</p> <p>66211</p>	<p>Amount of Each Receipt this Period</p> <p>1500.00</p>
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		<p>Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)</p> <p><input type="checkbox"/></p>	
<p>Name of Employer</p> <p>Self-Employed</p>	<p>Occupation</p> <p>Real Estate</p>		
<p>Receipt For:</p> <p><input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼</p>	<p>Election Cycle-to-Date ▼</p> <p>1500.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)</p>		<p>2500.00</p>	
<p>TOTAL This Period (last page this line number only)</p>		<p>44300.00</p>	

27020300474



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial) <b>A. Isenberg, Thomas</b>		Date of Receipt MM / DD / YYYY 06 / 04 / 2007	
Mailing Address 6531 Overbrook Rd.		Transaction ID: C-1469-038W01	
City Prairie Village	State KS	Zip Code 66208	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1) <input type="checkbox"/>	
Name of Employer Western Extralite Co.	Occupation CEO		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) <b>B. Katz, Ward A.</b>		Date of Receipt MM / DD / YYYY 06 / 04 / 2007	
Mailing Address PO Box 25276		Transaction ID: C-1534-038Y01	
City Shawnee Mission	State KS	Zip Code 66225	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1) <input type="checkbox"/>	
Name of Employer Dunes Residential	Occupation President and CEO		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) <b>C. Krashin, Joseph A.</b>		Date of Receipt MM / DD / YYYY 06 / 04 / 2007	
Mailing Address 12125 Juniper		Transaction ID: C-1631-038Z01	
City Overland Park	State KS	Zip Code 66209	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1) <input type="checkbox"/>	
Name of Employer Hyman Brand Hebrew Academy	Occupation Director of Student Services		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional) .....		2250.00	
TOTAL This Period (last page this line number only) .....		48910.00	

27020300476

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Lerner, Michael

Mailing Address

6501 W. 106TH St.

City

Overland Park

State

KS

Zip Code

66212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Law Office of Mick Lerner

Occupation

Partner/Attorney

Receipt For:

Primary  
 Other (specify): ▼

General

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
06 / 04 / 2007

Transaction ID: C-1706-038a01

Amount of Each Receipt this Period

1500.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

B. Mandelbaum, Mark W.

Mailing Address

6206 West 132ND Terrace

City

Overland Park

State

KS

Zip Code

66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Business Owner

Receipt For:

Primary  
 Other (specify): ▼

General

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 04 / 2007

Transaction ID: C-1786-038b01

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

C. Murray, Michael R.

Mailing Address

4140 SW Marlboro Rd.

City

Topeka

State

KS

Zip Code

66610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Attorney

Receipt For:

Primary  
 Other (specify): ▼

General

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 04 / 2007

Transaction ID: C-2053-01yA03

Amount of Each Receipt this Period

250.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

2250.00

51160.00

27020300477

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Nussbaum, Larry**

Mailing Address

5400 W. 83R Ter

City

Prairie Village

State

KS

Zip Code

66207

FEC ID number of contributing federal political committee.

C

Name of Employer  
Private Practice

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
06 / 04 / 2007

Transaction ID: C-2146-038c01

Amount of Each Receipt this Period

1500.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**B. Robinson, Irvin Ray**

Mailing Address

10810 Mid America Ave.

City

Lenexa

State

KS

Zip Code

66219

FEC ID number of contributing federal political committee.

C

Name of Employer  
Robbie Manufacturing Inc.

Occupation  
President and CEO

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
06 / 04 / 2007

Transaction ID: C-2470-038d01

Amount of Each Receipt this Period

1500.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**C. Schifman, Edward J.**

Mailing Address

2512 W. 118TH St.

City

Leawood

State

KS

Zip Code

66211

FEC ID number of contributing federal political committee.

C

Name of Employer  
Cerner Corporation

Occupation  
Vice President

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 04 / 2007

Transaction ID: C-2575-038e01

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

54660.00

27020300478

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Siegel, Matthew A.

Mailing Address

11584 Canterbury Ct

City

Leawood

State

KS

Zip Code

66211

FEC ID number of contributing federal political committee.

C

Name of Employer

Matthew A. Siegel & Co.

Occupation

President

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2007

Transaction ID: C-2673-038f01

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

B. Udell, Charles

Mailing Address

13101 Falmouth

City

Leawood

State

KS

Zip Code

66209

FEC ID number of contributing federal political committee.

C

Name of Employer

Northwood University

Occupation

Manager

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2007

Transaction ID: C-2945-038h01

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

C. Vittor, David Joseph

Mailing Address

5915 Oakwood Rd.

City

Mission Hills

State

KS

Zip Code

66208

FEC ID number of contributing federal political committee.

C

Name of Employer

Major Brands, Inc.

Occupation

President

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2007

Transaction ID: C-3005-038i01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

56660.00

27020300479

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Weiner, Jeffrey A.**

Mailing Address

19111 Collins Ave. Apt 606

City

Sunny Isles Beach

State

FL

Zip Code

33160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sprint

Occupation  
Manager, IT Cable Wholesale Proj.

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

06 / 04 / 2007

Transaction ID: C-3073-038j01

Amount of Each Receipt this Period

1500.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**B. Garvey, John**

Mailing Address

326 S. Courtleigh

City

Wichita

State

KS

Zip Code

67202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Petroleum, Inc.

Occupation  
President, Executive

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

06 / 06 / 2007

Transaction ID: C-1159-00Lg05

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**C. Love, William**

Mailing Address

10400 Howe Lane

City

Leawood

State

KS

Zip Code

66206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
W.P. Love Partners, LLC

Occupation  
Electrical Contractor

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 07 / 2007

Transaction ID: C-1750-038k01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

60160.00

27020300480

**SCHEDULE A (FEC Form 3)  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Agee, Jennifer**

Mailing Address

11072 Telmar Dr.

City  
Northport

State  
AL

Zip Code  
35475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NHS Management LLC

Occupation  
Administrator Long-Term Healthcare

Receipt For:

Primary    General  
 Other (specify): ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

06 / 11 / 2007

Transaction ID: C-27-039401

Amount of Each Receipt this Period

750.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**B. Bockorny, David A.**

Mailing Address

1101 16th Street Suite 500

City  
Washington

State  
DC

Zip Code  
20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bockorny Group

Occupation  
Consultant

Receipt For:

Primary    General  
 Other (specify): ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2007

Transaction ID: C-452-01NN02

Amount of Each Receipt this Period

250.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**C. Green, George J.**

Mailing Address

300 W. 57th St.

City  
New York

State  
NY

Zip Code  
10019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hearst Magazines Int'l

Occupation  
President

Receipt For:

Primary    General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 11 / 2007

Transaction ID: C-1232-039M01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

62160.00

27020300481

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Haney, Terry

Mailing Address

407 North Elmwood Road

City

Omaha

State

NE

Zip Code

68132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 11 / 2007

Transaction ID: C-1278-039701

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

B. Kutler, Edward Samuel

Mailing Address

6405 Treet Top Cir

City

Columbia

State

MD

Zip Code

21045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clark & Weinstock

Occupation  
Consultant

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 11 / 2007

Transaction ID: C-1645-039A01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

C. Lucchetti, Dave

Mailing Address

9300 Dillard Rd.

City

Wilton

State

CA

Zip Code

95693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lucchetti Ranch

Occupation  
Owner/Rancher

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 11 / 2007

Transaction ID: C-1759-039K01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

64660.00

27020300482

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14
							15

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial) <b>A. Major, Diane MacPherson</b>		Date of Receipt MM / DD / YYYY <b>06 / 11 / 2007</b>
Mailing Address <b>2232 Westwood Place</b>		Transaction ID: <b>C-1778-01xB02</b>
City <b>Falls Church</b>	State <b>VA</b>	Zip Code <b>22043</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>Bockorny Group</b>	Occupation <b>Consultant</b>	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Martin, David O'B</b>		Date of Receipt MM / DD / YYYY <b>06 / 11 / 2007</b>
Mailing Address <b>1100 Connecticut Avenue N. W.</b>		Transaction ID: <b>C-1805-02Mv02</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>Martin, Fisher, Thompson &amp;</b>	Occupation <b>President</b>	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Matteis, Richard</b>		Date of Receipt MM / DD / YYYY <b>06 / 11 / 2007</b>
Mailing Address <b>3350 Central Ave.</b>		Transaction ID: <b>C-1818-039J01</b>
City <b>Roseville</b>	State <b>CA</b>	Zip Code <b>95747</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>California Grain &amp; Feed</b>	Occupation <b>Government Relations</b>	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	<b>66910.00</b>

27020300483

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (in Full) <b>PAT ROBERTS FOR SENATE</b>	<b>C00128876</b>
--	------------------

Full Name (Last, First, Middle Initial) <b>A. McCarthy, Michael R.</b>		Date of Receipt MM / DD / YYYY <b>06 / 11 / 2007</b>
Mailing Address <b>First National Tower, 1601 Dodge Street</b>		Transaction ID: <b>C-1837-039601</b>
City <b>Omaha</b>	State <b>NE</b>	Zip Code <b>68108</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>Mccarthy Group</b>	Occupation <b>Chairman</b>	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Norton, Jeffrey S.</b>		Date of Receipt MM / DD / YYYY <b>06 / 11 / 2007</b>
Mailing Address <b>P. O. Box 336</b>		Transaction ID: <b>C-2140-039H01</b>
City <b>Robbins</b>	State <b>CA</b>	Zip Code <b>95676</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>None</b>	Occupation <b>Retired</b>	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Ose, Douglas A.</b>		Date of Receipt MM / DD / YYYY <b>06 / 11 / 2007</b>
Mailing Address <b>P. O. Box 255628</b>		Transaction ID: <b>C-2176-039I01</b>
City <b>Sacramento</b>	State <b>CA</b>	Zip Code <b>95865</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>Ose Properties</b>	Occupation <b>Owner</b>	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>3000.00</b>
TOTAL This Period (last page this line number only) .....	<b>69910.00</b>

27020300484

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial) <b>A. Ricketts, J. Peter</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2007	
Mailing Address 6450 Prairie Ave.		Transaction ID: C-2428-039501	
City Omaha	State NE	Zip Code 68132	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		[C]	
Name of Employer Platte Institute for Economic		Occupation Director & President	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Election Cycle-to-Date 1000.00	
Full Name (Last, First, Middle Initial) <b>B. Ross Jr., Frank J.</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2007	
Mailing Address 3005 W. 117TH Street		Transaction ID: C-2500-02mi03	
City Leawood	State KS	Zip Code 66211	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		[C]	
Name of Employer Polsinelli Law Firm		Occupation Attorney-Sr. Partner	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Election Cycle-to-Date 1250.00	
Full Name (Last, First, Middle Initial) <b>C. Welsh, W. Russell</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2007	
Mailing Address 649 W. Meyer Blvd		Transaction ID: C-3083-039C01	
City Kansas City	State MO	Zip Code 64113	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		[C]	
Name of Employer Polsinelli Shalton Welte		Occupation Attorney	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Election Cycle-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional)			3000.00
TOTAL This Period (last page this line number only)			72910.00

27020300485

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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 12    13a    13b    14    15

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

<p>Full Name (Last, First, Middle Initial)</p> <p><b>A. Cressy, Peter H.</b></p>		<p>Date of Receipt</p> <p>06 / 15 / 2007</p>	
<p>Mailing Address</p> <p>1250 I. St. N. W., Ste 400</p>		<p>Transaction ID: C-774-039001</p>	
<p>City</p> <p>Washington</p>	<p>State</p> <p>DC</p>	<p>Zip Code</p> <p>20005</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		<p>Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)</p> <p><input type="checkbox"/></p>	
<p>Name of Employer</p> <p>Distilled Spirits Council</p>	<p>Occupation</p> <p>CEO/President</p>		
<p>Receipt For:</p> <p><input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼</p>	<p>Election Cycle-to-Date ▼</p> <p>500.00</p>		
<p>Full Name (Last, First, Middle Initial)</p> <p><b>B. Ose, Enlow</b></p>		<p>Date of Receipt</p> <p>06 / 15 / 2007</p>	
<p>Mailing Address</p> <p>P. O. Box 255543</p>		<p>Transaction ID: C-2177-039S01</p>	
<p>City</p> <p>Sacramento</p>	<p>State</p> <p>CA</p>	<p>Zip Code</p> <p>95865</p>	<p>Amount of Each Receipt this Period</p> <p>1000.00</p>
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		<p>Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)</p> <p><input type="checkbox"/></p>	
<p>Name of Employer</p> <p>Self-Employed</p>	<p>Occupation</p> <p>Real Estate Developer</p>		
<p>Receipt For:</p> <p><input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼</p>	<p>Election Cycle-to-Date ▼</p> <p>1000.00</p>		
<p>Full Name (Last, First, Middle Initial)</p> <p><b>C. Storkan, Joanne M.</b></p>		<p>Date of Receipt</p> <p>06 / 15 / 2007</p>	
<p>Mailing Address</p> <p>P. O. Box 1557</p>		<p>Transaction ID: C-2814-02VW02</p>	
<p>City</p> <p>Pebble Beach</p>	<p>State</p> <p>CA</p>	<p>Zip Code</p> <p>93953</p>	<p>Amount of Each Receipt this Period</p> <p>1000.00</p>
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		<p>Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)</p> <p><input type="checkbox"/></p>	
<p>Name of Employer</p> <p>Self-Employed</p>	<p>Occupation</p> <p>Housewife</p>		
<p>Receipt For:</p> <p><input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼</p>	<p>Election Cycle-to-Date ▼</p> <p>2000.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)</p>		<p>2500.00</p>	
<p>TOTAL This Period (last page this line number only)</p>		<p>75410.00</p>	

27020300486

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Borba, Brett**

Mailing Address

11054 W. Mt Whitney Avenue

City

Riverdale

State

CA

Zip Code

93656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

220.05

Date of Receipt

06 / 20 / 2007

Transaction ID: C-472-039v01

Amount of Each Receipt this Period

220.05

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**B. Borba, Mark M.**

Mailing Address

11054 W. Mt Whitney Avenue

City

Riverdale

State

CA

Zip Code

93656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

217.52

Date of Receipt

06 / 20 / 2007

Transaction ID: C-476-039u01

Amount of Each Receipt this Period

217.52

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**C. Conte, Joseph D.**

Mailing Address

550 Via Lugano

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tandem Health Care

Occupation  
President/CEO

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

06 / 20 / 2007

Transaction ID: C-742-039j01

Amount of Each Receipt this Period

750.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

1187.57

TOTAL This Period (last page this line number only) .....

76597.57

27020300487

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Dammann, Julie A.

Mailing Address

918 S. 28th Street

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing federal political committee.

C

Name of Employer

Ogilvy Government Relations

Occupation

VP

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 20 / 2007

Transaction ID: C-821-039k01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

B. Dutra, Mark A.

Mailing Address

2310 W. Robinwood Lane

City

Fresno

State

CA

Zip Code

93711

FEC ID number of contributing federal political committee.

C

Name of Employer

Reinhart

Occupation

Cotton Merchant

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2007

Transaction ID: C-933-039q01

Amount of Each Receipt this Period

250.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

C. Elliot, John

Mailing Address

240 Capitol Street, Suite 500

City

Charleston

State

WV

Zip Code

25301

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Consultant

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 20 / 2007

Transaction ID: C-963-039h01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

2250.00

78847.57

27020300488

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Gillard, Greg**

Mailing Address

2076 Vartikian

City  
Clovis

State  
CA

Zip Code  
93611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anderson Clayton Corporation

Occupation  
Trader

Receipt For:

Primary     General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2007

Transaction ID: C-1189-039p01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**B. Hanford, Timothy L.**

Mailing Address

9224 Quintana Drive

City  
Bethesda

State  
MD

Zip Code  
20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clark Consulting

Occupation  
Director Federal Policy Group

Receipt For:

Primary     General  
 Other (specify): ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2007

Transaction ID: C-1279-03A401

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**C. Kies, Kathleen Clark**

Mailing Address

6109 Franklin Park Rd.

City  
Mc Lean

State  
VA

Zip Code  
22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Homemaker

Receipt For:

Primary     General  
 Other (specify): ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2007

Transaction ID: C-1556-03A001

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

80847.57

27020300489

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Kies, Kenneth

Mailing Address

6109 Franklin Park Rd.

City

Mc Lean

State

VA

Zip Code

22101

FEC ID number of contributing federal political committee.

C

Name of Employer  
Clark Consulting

Occupation  
Managing Director Federal Policy Group

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 20 / 2007

Transaction ID: C-1557-02pl02

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

B. Leshner, William Gene

Mailing Address

1411 N. Nash St.

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing federal political committee.

C

Name of Employer  
Leshner & Russell

Occupation  
Consultant

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 20 / 2007

Transaction ID: C-1709-013C04

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

C. Petersen, John D.

Mailing Address

6201 College Blvd #500

City

Overland Park

State

KS

Zip Code

66211

FEC ID number of contributing federal political committee.

C

Name of Employer  
Polsinelli, White

Occupation  
Attorney

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

06 / 20 / 2007

Transaction ID: C-2246-01Be08

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

83847.57

27020300490

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d
	12		13a		13b		14
							15

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

**A. Raffaniello, Patrick J.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 1161 Old Gate Court  
 City State Zip Code  
 McLean VA 22102  
 Date of Receipt  
 06 / 20 / 2007  
 Transaction ID: C-2348-03A302  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Clark Counseling Occupation: Attorney  
 Receipt For:  Primary  General  Other (specify):  
 Election Cycle-to-Date: 1000.00  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

**B. Russell, Randall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 940 Swinks Mill Road  
 City State Zip Code  
 McLean VA 22102  
 Date of Receipt  
 06 / 20 / 2007  
 Transaction ID: C-2524-003O05  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Leshner and Russell Occupation: Consultant  
 Receipt For:  Primary  General  Other (specify):  
 Election Cycle-to-Date: 1000.00  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

**C. Starrh, Fred**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 PO Box 1536  
 City State Zip Code  
 Shafter CA 93263  
 Date of Receipt  
 06 / 20 / 2007  
 Transaction ID: C-2770-039s01  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Self-Employed Occupation: Farmer  
 Receipt For:  Primary  General  Other (specify):  
 Election Cycle-to-Date: 1000.00  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) ..... 2500.00  
 TOTAL This Period (last page this line number only) ..... 86347.57

27020300491



Full Name of Committee: Pat Robe:

e 000128876

A. Full Name, Address, Zipcode	Employer/Occupation	Date	Amount
John Rayner 14929 W. Broadway Road Goodyear, AZ 85338	A Tumbling T Ranches Partner	06/21/07	MEMO \$100.00
Receipt for: P	Aggregate ytd >	\$100.00	

B. Full Name, Address, Zipcode	Employer/Occupation	Date	Amount
Perry Rayner 14929 W. Broadway Road Goodyear, AZ 85338	A Tumbling T Ranches Partner	06/21/07	MEMO \$100.00
Receipt for: P	Aggregate ytd >	\$100.00	

A. Full Name, Address, Zipcode	Employer/Occupation	Date	Amount
Ronald Rayner 14929 W. Broadway Rd. Goodyear, AZ 85338-0501	A Tumbling T Ranches General Partners	06/21/07	MEMO \$100.00
Receipt for: P	Aggregate ytd >	\$100.00	

B. Full Name, Address, Zipcode	Employer/Occupation	Date	Amount
Heather Rayner 14929 W. Broadway Goodyear, AZ 85338	A Tumbling T Ranches Partner	06/21/07	MEMO \$100.00
Receipt for: P	Aggregate ytd >	\$100.00	

C. Full Name, Address, Zipcode	Employer/Occupation	Date	Amount
Robert Rayner 14929 W. Broadway Rd. Goodyear, AZ 85338	A Tumbling T Ranches Partner	06/21/07	MEMO \$100.00
Receipt for: P	Aggregate ytd >	\$100.00	

D. Full Name, Address, Zipcode	Employer/Occupation	Date	Amount
Sharon Rayner 14929 W. Broadway Rd. Goodyear, AZ 85338	A Tumbling T Ranches Partner	06/21/07	MEMO \$100.00
Receipt for: P	Aggregate ytd >	\$100.00	

E. Full Name, Address, Zipcode	Employer/Occupation	Date	Amount
Earle Rayner 14929 W. Broadway Road Goodyear, AZ 85338	A Tumbling T Ranches Partner	06/21/07	MEMO \$100.00
Receipt for: P	Aggregate ytd >	\$100.00	

F. Full Name, Address, Zipcode	Employer/Occupation	Date	Amount
Sherryl Rayner 14929 W. Broadway Goodyear, AZ 85338	A Tumbling T Ranches Partner	06/21/07	MEMO \$100.00
Receipt for: P	Aggregate ytd >	\$100.00	

27020300493

Full Name of Committee: Pat Roberts for Senate

COO/2 8876

A. Full Name, Address, Zipcode	Employer/Occupation	Date	Amount
John Barry 1776 K. Street NW Washington, DC 20006	Wiley Rein LLP Partner	06/20/07	MEMO \$200.00
Receipt for: P	Aggregate ytd >		\$200.00

B. Full Name, Address, Zipcode	Employer/Occupation	Date	Amount
Attison Barnes 1776 K. Street N. W. Washington, DC 20006	Wiley Rein LLP Partner	06/20/07	MEMO \$200.00
Receipt for: P	Aggregate ytd >		\$200.00

C. Full Name, Address, Zipcode	Employer/Occupation	Date	Amount
James Bayes 1776 K. Street N. W. Washington, DC 20006	Wiley Rein LLP Partner	06/20/07	MEMO \$200.00
Receipt for: P	Aggregate ytd >		\$200.00

D. Full Name, Address, Zipcode	Employer/Occupation	Date	Amount
Robert Butler 1776 K. Street N. W. Washington, DC 20006	Wiley Rein LLP Partner	06/20/07	MEMO \$200.00
Receipt for: P	Aggregate ytd >		\$200.00

F. Full Name, Address, Zipcode	Employer/Occupation	Date	Amount
Rand Allen 1776 K. Street NW Washington, DC 20006	Wiley Rein l l p Partner	06/20/07	MEMO \$200.00
Receipt for: P	Aggregate ytd >		\$200.00

27020300494

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14
							15

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial)

**A. Cameron, Don J.**

Mailing Address

P. O. Box 130

City  
Helm

State  
CA

Zip Code  
93627

FEC ID number of contributing federal political committee.

[ ]

Name of Employer  
Self-Employed

Occupation  
Farmer/Farm Manager

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

[ ] 1000.00

Date of Receipt

MM / DD / YYYY  
06 / 21 / 2007

Transaction ID: C-588-03Aq01

Amount of Each Receipt this Period

[ ] 1000.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**B. Frisbie, George**

Mailing Address

PO Box 116

City  
Gypsum

State  
KS

Zip Code  
67448

FEC ID number of contributing federal political committee.

[ ]

Name of Employer  
None

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

[ ] 350.00

Date of Receipt

MM / DD / YYYY  
06 / 21 / 2007

Transaction ID: C-1129-00Kn0D

Amount of Each Receipt this Period

[ ] 100.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**C. Hansen, Mark**

Mailing Address

PO Box 398

City  
Corcoran

State  
CA

Zip Code  
93212

FEC ID number of contributing federal political committee.

[ ]

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

[ ] 1000.00

Date of Receipt

MM / DD / YYYY  
06 / 21 / 2007

Transaction ID: C-1286-03As01

Amount of Each Receipt this Period

[ ] 1000.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

[ ] 2100.00

[ ] 91247.57

27020300495

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial) <b>A. Horton, Barney</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007	
Mailing Address 333 N. 5TH St.		Transaction ID: C-1396-00S901	
City Atwood	State KS	Zip Code 67730	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Forman Bank & Trust	Occupation Banker		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. Krigel, Sanford</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007	
Mailing Address 5530 Mission Drive		Transaction ID: C-1638-03A601	
City Shawnee Mission	State KS	Zip Code 66208	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Krigel & Krigel	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>C. Lowry, Dorothy J.</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007	
Mailing Address PO Box 1847		Transaction ID: C-1758-01qt07	
City Liberal	State KS	Zip Code 67905	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Self-Employed	Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

92097.57

27020300496

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. McKean, Mark C.**

Mailing Address

P. O. Box 445

City

Riverdale

State

CA

Zip Code

93656

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2007

Transaction ID: C-1866-03Ao01

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**B. Newton, Danny**

Mailing Address

Box 117

City

Stratford

State

CA

Zip Code

93266

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Farmer

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 21 / 2007

Transaction ID: C-2116-03Ar01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**C. Pucheu, Bill**

Mailing Address

PO Box 626

City

Tranquillity

State

CA

Zip Code

93668

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Farmer

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 21 / 2007

Transaction ID: C-2337-03Af01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

94597.57

27020300497

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (in Full) <b>PAT ROBERTS FOR SENATE</b>	<b>C00128876</b>
--	------------------

Full Name (Last, First, Middle Initial) <b>A. Smith, Steve R.</b>		Date of Receipt 06 / 21 / 2007
Mailing Address 19110 Avenue 18		Transaction ID: C-2715-03Ae01
City Madera	State CA	Zip Code 93637
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Farming	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Taylor, Daniel J.</b>		Date of Receipt 06 / 21 / 2007
Mailing Address Two Brittany Place, 1938 N. Woodlawn Ste 400		Transaction ID: C-2846-02Jf05
City Wichita	State KS	Zip Code 67208
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Investments	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 4600.00	

Full Name (Last, First, Middle Initial) <b>C. Taylor, Daniel J.</b>		Date of Receipt 06 / 21 / 2007
Mailing Address Two Brittany Place, 1938 N. Woodlawn Ste 400		Transaction ID: C-2847-02Jf06
City Wichita	State KS	Zip Code 67208
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Investments	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 4600.00	

SUBTOTAL of Receipts This Page (optional) .....	2300.00
TOTAL This Period (last page this line number only) .....	96897.57

27020300498

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Teixeira, Tom

Mailing Address

9715 Denton & Leake

City

Dos Palos

State

CA

Zip Code

93620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Grower

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 21 / 2007

Transaction ID: C-2861-03Ap01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

B. Diehl, John E.

Mailing Address

1429 Kasold Dr.

City

Lawrence

State

KS

Zip Code

66049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

06 / 25 / 2007

Transaction ID: C-891-03Az01

Amount of Each Receipt this Period

250.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

C. McGivern II, John F.

Mailing Address

1016 S. W. Dartmoor Lane

City

Topeka

State

KS

Zip Code

66604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

950.00

Date of Receipt

06 / 25 / 2007

Transaction ID: C-1864-02JZ04

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

1750.00

98647.57

27020300499

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial) <b>A. Seaberg, Karen</b>		Date of Receipt 06 / 25 / 2007	
Mailing Address 20073 266TH Road		Transaction ID: C-2621-033T02	
City Atchison	State KS	Zip Code 66002	Amount of Each Receipt this Period 800.00
FEC ID number of contributing federal political committee. C		Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1) <input type="checkbox"/>	
Name of Employer Travel Center of Atchison	Occupation Travel Agent	Election Cycle-to-Date 2800.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Full Name (Last, First, Middle Initial) <b>B. Seaberg, Karen</b>		Date of Receipt 06 / 25 / 2007	
Mailing Address 20073 266TH Road		Transaction ID: C-2622-033T03	
City Atchison	State KS	Zip Code 66002	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1) <input type="checkbox"/>	
Name of Employer Travel Center of Atchison	Occupation Travel Agent	Election Cycle-to-Date 2800.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Full Name (Last, First, Middle Initial) <b>C. Seaberg, Ladd</b>		Date of Receipt 06 / 25 / 2007	
Mailing Address Potato Hill, 20073 266TH Rd.		Transaction ID: C-2624-010B06	
City Atchison	State KS	Zip Code 66002	Amount of Each Receipt this Period 800.00
FEC ID number of contributing federal political committee. C		Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1) <input type="checkbox"/>	
Name of Employer Midwest Grain Products	Occupation Chairman	Election Cycle-to-Date 2800.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) .....

2100.00

TOTAL This Period (last page this line number only) .....

100747.57

27020300500

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Seaberg, Ladd**

Mailing Address

Potato Hill, 20073 266TH Rd.

City  
Atchison

State  
KS

Zip Code  
66002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Grain Products

Occupation  
Chairman

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

2800.00

Date of Receipt

06 / 25 / 2007

Transaction ID: C-2625-01OB07

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**B. Talkington, Robert V.**

Mailing Address

P. O. Box 715

City  
Iola

State  
KS

Zip Code  
66749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Talkington Law Office

Occupation  
Attorney

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

06 / 25 / 2007

Transaction ID: C-2838-01Tz06

Amount of Each Receipt this Period

100.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**C. Dabaghi, William**

Mailing Address

5125 Yuma Street NW

City  
Washington

State  
DC

Zip Code  
20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maxima International LLC

Occupation  
Attorney

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 26 / 2007

Transaction ID: C-811-03B801

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....

102347.57

27020300501

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Frieden, John**

Mailing Address

P. O. Box 639

City  
Topeka

State  
KS

Zip Code  
66601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frieden & Forbes Attorneys at

Occupation  
Partner

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2007

Transaction ID: C-1123-03G801

Amount of Each Receipt this Period

500.00

**MEMO**

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**B. Frieden & Forbes**

Mailing Address

Attorneys At Law, P. O. Box 639

City  
Topeka

State  
KS

Zip Code  
66601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Partnership

Occupation

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2007

Transaction ID: C-1124-03G701

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

**C. Furman II, Harold W.**

Mailing Address

1750 H. Street NW, Suite 600

City  
Washington

State  
DC

Zip Code  
20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Furman Group

Occupation  
Pres & CEO

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 27 / 2007

Transaction ID: C-1139-03GF01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

103847.57

27020300502

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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11a  
12  11b  
13a  11c  
13b  11d  
14  15

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

**A. Grafmeyer, Richard A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 8810 Ridge Rd.  
 City State Zip Code  
 Bethesda MD 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capitol Tax Partners Consultant  
 Receipt For:  Primary  General  
 Other (specify):  
 Election Cycle-to-Date **1000.00**  
 Date of Receipt  
 MM / DD / YYYY  
 06 / 27 / 2007  
 Transaction ID: C-1215-03GC01  
 Amount of Each Receipt this Period  
**1000.00**  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

**B. Hooper, Candice S.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 3733 N. Tazewell Street  
 City State Zip Code  
 Arlington VA 22207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capitol Tax Partners Consultant  
 Receipt For:  Primary  General  
 Other (specify):  
 Election Cycle-to-Date **1000.00**  
 Date of Receipt  
 MM / DD / YYYY  
 06 / 27 / 2007  
 Transaction ID: C-1390-02Le02  
 Amount of Each Receipt this Period  
**1000.00**  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

**C. Rose Hill Health Services L. L. C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 601 North Rose Hill Rd.  
 City State Zip Code  
 Rose Hill KS 67133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Partnership  
 Receipt For:  Primary  General  
 Other (specify):  
 Election Cycle-to-Date **500.00**  
 Date of Receipt  
 MM / DD / YYYY  
 06 / 27 / 2007  
 Transaction ID: C-2491-03G901  
 Amount of Each Receipt this Period  
**500.00**  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

**2500.00**

TOTAL This Period (last page this line number only) .....

**106347.57**

27020300503

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial) <b>A. Scruggs, Nancy W.</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2007
Mailing Address 3929 Colonel Ellis Ave.		Transaction ID: C-2619-03GE01
City Alexandria	State VA	Zip Code 22304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Homemaker	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Wilkerson, Larry</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2007
Mailing Address Rose Hill Health Services L. L. C., 601 North Rose Hill Rd.		Transaction ID: C-3125-03GA01
City Rose Hill	State KS	Zip Code 67133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pioneer Ridge Assisted Living	Occupation Partner	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Willcox, Darren</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2007
Mailing Address 10711 Falls Pointe Drive		Transaction ID: C-3133-03GB01
City Great Falls	State VA	Zip Code 22066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dutko Worldwide	Occupation Principal	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

1500.00
107847.57

27020300504

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Willcox, Lawrence G.

Mailing Address

9325 Renshaw Dr.

City  
Bethesda

State  
MD

Zip Code  
20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capitol Tax Partners

Occupation  
Consultant

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2007

Transaction ID: C-3134-03GD01

Amount of Each Receipt this Period

500.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

B. Bak, Harris

Mailing Address

132 Overlook Rd.

City  
New Rochelle

State  
NY

Zip Code  
10804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Milliman

Occupation  
Actuary

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2007

Transaction ID: C-164-03GP01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

C. Chouake, Ben

Mailing Address

245 Hutchinson Road

City  
Englewood

State  
NJ

Zip Code  
07631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
MD

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2007

Transaction ID: C-659-03GQ01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

110347.57

27020300505



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	15
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial) <b>A. Defamco L. P.</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2007
Mailing Address 4901 Wornall Ste 10		Transaction ID: C-861-03GI01
City Kansas City	State MO	Zip Code 64112
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Partnership	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 500.00	
<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)		

Full Name (Last, First, Middle Initial) <b>B. Devinki, Sam</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2007
Mailing Address 4901 Wornall Ste 10		Transaction ID: C-879-03GJ01
City Kansas City	State MO	Zip Code 64112
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Defamco LP	Occupation Partner - Real Estate Co	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 500.00	
<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)		

**MEMO**

Full Name (Last, First, Middle Initial) <b>C. Feder, Daniel</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2007
Mailing Address 44 West 62 Street, Apt 3B		Transaction ID: C-1042-03GS01
City New York	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed(Acker and Li	Occupation Business	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 250.00	
<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

750.00
113097.57

27020300507

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial) <b>A. Kassen, Michael M.</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2007
Mailing Address 315 North Avenue		Transaction ID: C-1531-03G001
City Westport	State CT	Zip Code 06880
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00	
Name of Employer Not Applicable	Occupation Community Volunteer	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. McKelvie, Roderick R.</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2007
Mailing Address 1201 Pennsylvania Avenue NW		Transaction ID: C-1868-03GY01
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer Covington & Burling LLP	Occupation Partner	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Muss, Jason</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2007
Mailing Address 181 East 90th Street		Transaction ID: C-2057-03GU01
City New York	State NY	Zip Code 10128
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1250.00	
Name of Employer Muss Development	Occupation Real Estate	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

2250.00
115347.57

27020300508

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. **Muss, Joshua L.**

Mailing Address

118-35 Queens Blvd, 16th Flr

City

Forest Hills

State

NY

Zip Code

11375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Muss Development

Occupation

Real Estate

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2007

Transaction ID: C-2058-03GR01

Amount of Each Receipt this Period

1000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

B. **Parker, Timothy L.**

Mailing Address

4032 W. 124TH Street

City

Leawood

State

KS

Zip Code

66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adv. Dermatologic Surgery, P.A.

Occupation

Medical Doctor

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

06 / 28 / 2007

Transaction ID: C-2205-03GV01

Amount of Each Receipt this Period

2000.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)

C. **Plotkin, Mark**

Mailing Address

1201 Pennsylvania Avenue NW

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covington & Burling LLP

Occupation

Partner

Receipt For:

Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2007

Transaction ID: C-2284-03GZ01

Amount of Each Receipt this Period

250.00

Limit increased Due to opponent's  
Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

118347.57

27020300509

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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11a  11b  11c  11d  
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

**A. Quigley, James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 13112 W. 84th St.  
 City: Lenexa State: KS Zip Code: 66215  
 Date of Receipt: 06 / 28 / 2007  
 Transaction ID: C-2339-03GH01  
 Amount of Each Receipt this Period: 250.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: PPA Occupation: Physician  
 Receipt For:  Primary  General  
 Election Cycle-to-Date: 250.00  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

**B. Chaffin, Nona**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 1407 Shadow Ln, Apt B.  
 City: Dodge City State: KS Zip Code: 67801  
 Date of Receipt: 06 / 29 / 2007  
 Transaction ID: C-641-01HR04  
 Amount of Each Receipt this Period: 1000.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Rayne Co. Inc. Occupation: Business Owner  
 Receipt For:  Primary  General  
 Election Cycle-to-Date: 1000.00  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

**C. Merrill, Virginia U.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 6649 Wenonga Rd.  
 City: Mission Hills State: KS Zip Code: 66208  
 Date of Receipt: 06 / 29 / 2007  
 Transaction ID: C-1915-02gV02  
 Amount of Each Receipt this Period: 2300.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Self-Employed Occupation: Homemaker  
 Receipt For:  Primary  General  
 Election Cycle-to-Date: 4600.00  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) ..... 3550.00  
 TOTAL This Period (last page this line number only) ..... 121897.57

27020300510

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

**A. Merrill, Virginia U.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 6649 Wenonga Rd.  
 City Mission Hills State KS Zip Code 66208  
 Date of Receipt 06 / 29 / 2007  
 Transaction ID: C-1916-02gV03  
 Amount of Each Receipt this Period 2300.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self-Employed Occupation Homemaker  
 Receipt For:  Primary  General  
 Other (specify): Election Cycle-to-Date 4600.00  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

**B. Washaliski, Reginald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 Hc 1 Box 91  
 City Mc Cracken State KS Zip Code 67556  
 Date of Receipt 06 / 29 / 2007  
 Transaction ID: C-3048-00xW08  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self-Employed Occupation Farmer Stockman/State Farm Ins. Agt.  
 Receipt For:  Primary  General  
 Other (specify): Election Cycle-to-Date 300.00  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

**C. Estell, Anita R.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 1651 North Portal Drive N. W.  
 City Washington State DC Zip Code 20012  
 Date of Receipt 06 / 30 / 2007  
 Transaction ID: C-998-03Gg01  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Davidson & Company of Occupation Consultant  
 Receipt For:  Primary  General  
 Other (specify): Election Cycle-to-Date 1000.00  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) 3400.00  
 TOTAL This Period (last page this line number only) 125297.57

27020300511

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial) <b>A. Frost, Martin</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address 1201 Braddock Place, Apt #615		Transaction ID: C-1134-03Gh01
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2300.00
Name of Employer Polsinelli Shalton Flanigan	Occupation Consultant	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) <b>B. Hull, C. Kate Lambrew</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address 409 Jackson Place		Transaction ID: C-1428-03Gj01
City Alexandria	State VA	Zip Code 22302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer Fierce, Isakowitz & Blalock	Occupation Dir. Government Affairs	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Isakowitz, Mark W.</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address 3198 Pond Mist Way		Transaction ID: C-1467-03Gi01
City Herndon	State VA	Zip Code 20171
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Fierce, Isakowitz, Blalock	Occupation Partner	<input type="checkbox"/> Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	4800.00
TOTAL This Period (last page this line number only) .....	130097.57

27020300512

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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11a  
12     11b  
13a     11c  
13b     11d  
14     15

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

**A. Lee, Paul M.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 River Bend Estates, 770 Strawfield Lane  
 City State Zip Code  
 Great Falls VA 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Brownrudnick-International Law Consultant  
 Receipt For:  Primary  General  
 Other (specify):  Election Cycle-to-Date **1500.00**  
 Date of Receipt: 06 / 30 / 2007  
 Transaction ID: C-1701-033s02  
 Amount of Each Receipt this Period: **1000.00**  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

**B. Perez, David B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 17890 Queensmere Dr.  
 City State Zip Code  
 Monument CO 80132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Gambro BCT President & CEO  
 Receipt For:  Primary  General  
 Other (specify):  Election Cycle-to-Date **500.00**  
 Date of Receipt: 06 / 30 / 2007  
 Transaction ID: C-2239-03Gm01  
 Amount of Each Receipt this Period: **500.00**  
 Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) ..... **1500.00**  
 TOTAL This Period (last page this line number only) ..... **131597.57**

27020300513

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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11a 11b 11c 11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial)  
**A. Armstrong, Mildred M.**

Mailing Address  
 1440 N. Gatewood # 52

City State Zip Code  
 Wichita KS 67206

FEC ID number of contributing federal political committee. **C**

Name of Employer  
 Self-Employed Occupation  
 Homemaker

Receipt For:  
 Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼  
 1500.00

Date of Receipt  
 MM / DD / YYYY  
 06 / 26 / 2007

Transaction ID: C-117-035j02

Amount of Each Receipt this Period  
 1000.00

**MEMO**

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)  
**B. Armstrong, Patricia L.**

Mailing Address  
 2709 N. Wilderness Ct

City State Zip Code  
 Wichita KS 67226

FEC ID number of contributing federal political committee. **C**

Name of Employer  
 Self-Employed Occupation  
 Homemaker

Receipt For:  
 Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 MM / DD / YYYY  
 06 / 26 / 2007

Transaction ID: C-118-03BJ01

Amount of Each Receipt this Period  
 1000.00

**MEMO**

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

Full Name (Last, First, Middle Initial)  
**C. Ash Grove Cement Political Action Cmte**

Mailing Address  
 Cempac, P. O. Box 25900

City State Zip Code  
 Overland Park KS 66225

FEC ID number of contributing federal political committee. **C**

Name of Employer  
 Occupation

Receipt For:  
 Primary  General  
 Other (specify): ▼

Election Cycle-to-Date ▼  
 6100.00

Date of Receipt  
 MM / DD / YYYY  
 06 / 26 / 2007

Transaction ID: C-122-01Mw05

Amount of Each Receipt this Period  
 3500.00

**MEMO**

Limit increased Due to opponent's Spending (2 U.S.C. 441 a(i)/441 a-1)

SUBTOTAL of Receipts This Page (optional) .....▶

TOTAL This Period (last page this line number only) .....▶

0

0

27020300514



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. At&amp;T</b>			Transaction ID: D279-02zd09 Date of Disbursement 04 / 01 / 2007		
Mailing Address P. O. Box 630047			Amount of Each Disbursement this Period 102.97		
City	State	Zip Code	Purpose of Disbursement Telephone Expense		
Dallas	TX	75263	Candidate Name Category/Type		
Office Sought:	Disbursement For:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53		
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼				
Full Name (Last, First, Middle Initial) <b>B. Ball Consulting Group</b>			Transaction ID: D288-034d01 Date of Disbursement 04 / 01 / 2007		
Mailing Address PO Box 1511			Amount of Each Disbursement this Period 250.00		
City	State	Zip Code	Purpose of Disbursement 2006 Tax Preparation		
Great Bend	KS	67530	Candidate Name Category/Type		
Office Sought:	Disbursement For:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53		
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼				
Full Name (Last, First, Middle Initial) <b>C. Bank Of America</b>			Transaction ID: D353-02GY1d Date of Disbursement 04 / 01 / 2007		
Mailing Address PO Box 15731			Amount of Each Disbursement this Period 5692.32		
City	State	Zip Code	Purpose of Disbursement (389)Feb 2007 Pymt		
Wilmington	DE	19886	Candidate Name Category/Type		
Office Sought:	Disbursement For:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53		
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼				

SUBTOTAL of Disbursements This Page (optional) .....

6045.29

TOTAL This Period (last page this line number only) .....

6045.29

27020300516

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. America Online**

Mailing Address

12100 Sunrise Valley Drive

City  
Reston

State  
VA

Zip Code  
20191

Purpose of Disbursement  
(389)Communication Expens

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary     General

Other (specify): ▼

Category/  
Type

Transaction ID: D2-011D1e

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

25.90

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Bank Of America**

Mailing Address

PO Box 15731

City  
Wilmington

State  
DE

Zip Code  
19886

Purpose of Disbursement  
(389)Membership Fee

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary     General

Other (specify): ▼

Category/  
Type

Transaction ID: D5-02GY1e

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

30.00

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Best Buy**

Mailing Address

Store #00008375

City  
Lawrence

State  
KS

Zip Code  
66046

Purpose of Disbursement  
(389)Computer for Campaig

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary     General

Other (specify): ▼

Category/  
Type

Transaction ID: D6-034q01

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

1126.63

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

0.00

6045.29

27020300517



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address

PO Box 1140

City

Memphis

State

TN

Zip Code

38101

Purpose of Disbursement

(389)Shipping Expense

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D12-01Du1W

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

8.88

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Jul's Cocktail Club & Grill Room**

Mailing Address

4117 SW Huntoon

City

Topeka

State

KS

Zip Code

66604

Purpose of Disbursement

(389)Mtg/Luncheon Exp

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D17-02yE04

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

36.76

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Jul's Cocktail Club & Grill Room**

Mailing Address

4117 SW Huntoon

City

Topeka

State

KS

Zip Code

66604

Purpose of Disbursement

(389)KS GOP-Meeting Exp

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D18-02yE05

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

46.53

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

6045.29

27020300519

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Jul's Cocktail Club &amp; Grill Room</b>		Transaction ID: D19-02yE06 Date of Disbursement: 04 / 01 / 2007	
Mailing Address 4117 SW Huntoon		Amount of Each Disbursement this Period 33.49	
City Topeka	State KS	Zip Code 66604	MEMO Credit Card Item <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Purpose of Disbursement (389)Campaign Meal Exp		Category/Type	
Candidate Name			
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Kinko's</b>		Transaction ID: D20-02XB06 Date of Disbursement: 04 / 01 / 2007	
Mailing Address 805 S. Kansas Ave.		Amount of Each Disbursement this Period 13.39	
City Topeka	State KS	Zip Code 66604	MEMO Credit Card Item <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Purpose of Disbursement (389)Patriot Resp Cards		Category/Type	
Candidate Name			
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Kinko's</b>		Transaction ID: D21-02XB07 Date of Disbursement: 04 / 01 / 2007	
Mailing Address 805 S. Kansas Ave.		Amount of Each Disbursement this Period 49.42	
City Topeka	State KS	Zip Code 66604	MEMO Credit Card Item <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Purpose of Disbursement (389)Copies		Category/Type	
Candidate Name			
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional) .....	0.00
TOTAL This Period (last page this line number only) .....	6045.29

27020300520

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Kinko's**

Mailing Address

805 S. Kansas Ave.

City  
Topeka

State  
KS

Zip Code  
66604

Purpose of Disbursement  
(389)Copies

Candidate Name

Office Sought:

State:   
District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D22-02XB08  
Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

4.11

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Midwest Airlines**

Mailing Address

City  
Washington

State  
DC

Zip Code

Purpose of Disbursement  
(389)Travel-Staff Expense

Candidate Name

Office Sought:

State:   
District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D24-02ym03  
Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

198.80

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Midwest Airlines**

Mailing Address

City  
Washington

State  
DC

Zip Code

Purpose of Disbursement  
(389)Airline Ticket-Staff

Candidate Name

Office Sought:

State:   
District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D25-02ym04  
Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

358.80

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

0.00  
6045.29

27020300521

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Midwest Airlines**

Mailing Address

City Washington State DC Zip Code

Purpose of Disbursement  
(389)Travel Exp-Ticket

Candidate Name

Office Sought: [ ]  
State: [ ] District: [ ]

Disbursement For:  
 Primary     General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D26-02ym05  
Date of Disbursement: 04 / 01 / 2007

Amount of Each Disbursement this Period

356.80

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address

1930 SW Wanamaker Road

City Topeka State KS Zip Code 66604

Purpose of Disbursement  
(389)Copy Machine, Equip.

Candidate Name

Office Sought: [ ]  
State: [ ] District: [ ]

Disbursement For:  
 Primary     General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D27-01eA08  
Date of Disbursement: 04 / 01 / 2007

Amount of Each Disbursement this Period

884.26

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Postmaster**

Mailing Address

Topeka Main PO

City Topeka State KS Zip Code 66603

Purpose of Disbursement  
(389)Postage-Thank yous

Candidate Name

Office Sought: [ ]  
State: [ ] District: [ ]

Disbursement For:  
 Primary     General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D32-02Jr0q  
Date of Disbursement: 04 / 01 / 2007

Amount of Each Disbursement this Period

115.80

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

0.00

6045.29

27020300522

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial)		Transaction ID: D33-02Jr0r	
A. Postmaster		Date of Disbursement	
Mailing Address Topeka Main PO		MM / DD / YYYY 04 / 01 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period 476.10
Topeka	KS	66603	
Purpose of Disbursement (389)Postage Expense		Category/ Type	MEMO Credit Card Item
Candidate Name			
Office Sought:	Disbursement For:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

Full Name (Last, First, Middle Initial)		Transaction ID: D34-02Jr0s	
B. Postmaster		Date of Disbursement	
Mailing Address Topeka Main PO		MM / DD / YYYY 04 / 01 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period 4.20
Topeka	KS	66603	
Purpose of Disbursement (389)Postage Expense		Category/ Type	MEMO Credit Card Item
Candidate Name			
Office Sought:	Disbursement For:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

Full Name (Last, First, Middle Initial)		Transaction ID: D35-02t70q	
C. Public Storage #23212		Date of Disbursement	
Mailing Address		MM / DD / YYYY 04 / 01 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period 64.00
Topeka	KS		
Purpose of Disbursement (389)Storage Expense		Category/ Type	MEMO Credit Card Item
Candidate Name			
Office Sought:	Disbursement For:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

SUBTOTAL of Disbursements This Page (optional) .....	0.00
TOTAL This Period (last page this line number only) .....	6045.29

27020300523

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Senate Gift Shop</b>		Transaction ID: D36-02Dq1V Date of Disbursement
Mailing Address Senate Dirksen Bldg, Sdg-42		MM / DD / YYYY 04 / 01 / 2007
City Washington	State DC	Zip Code 20510
Purpose of Disbursement (389)Gifts for Fundraiser	Category/ Type	Amount of Each Disbursement this Period 91.00
Candidate Name		<b>MEMO</b> <b>Credit Card Item</b>
Office Sought:	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>B. Senate Gift Shop</b>		Transaction ID: D37-02Dq1W Date of Disbursement
Mailing Address Senate Dirksen Bldg, Sdg-42		MM / DD / YYYY 04 / 01 / 2007
City Washington	State DC	Zip Code 20510
Purpose of Disbursement (389)Gifts for Hosts	Category/ Type	Amount of Each Disbursement this Period 127.50
Candidate Name		<b>MEMO</b> <b>Credit Card Item</b>
Office Sought:	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>C. Sheraton Overland Park</b>		Transaction ID: D38-02zb03 Date of Disbursement
Mailing Address 6100 College Boulevard		MM / DD / YYYY 04 / 01 / 2007
City Overland Park	State KS	Zip Code 66211
Purpose of Disbursement (389)Lodging Exp-Staff	Category/ Type	Amount of Each Disbursement this Period 363.01
Candidate Name		<b>MEMO</b> <b>Credit Card Item</b>
Office Sought:	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

SUBTOTAL of Disbursements This Page (optional) .....▶

TOTAL This Period (last page this line number only) .....▶

0.00  
6045.29

27020300524

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Sprint #906**

Mailing Address

2130 SW Wanamaker Rd., Ste 122

City  
Topeka

State  
KS

Zip Code

Purpose of Disbursement  
(389)Phone Equipment

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary     General  
 Other (specify): ▼

State:

District:

Transaction ID: D39-032G02

Date of Disbursement

04 / 01 / 2007

Amount of Each Disbursement this Period

239.66

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Sprintpcs**

Mailing Address

PO Box 219554

City  
Kansas City

State  
MO

Zip Code  
64121

Purpose of Disbursement  
(389)Telephone Expense

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary     General  
 Other (specify): ▼

State:

District:

Transaction ID: D40-02yF0G

Date of Disbursement

04 / 01 / 2007

Amount of Each Disbursement this Period

368.86

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Wolfe's Camera Shops Inc.**

Mailing Address

635 Kansas Ave., P. O. Box 1437

City  
Topeka

State  
KS

Zip Code  
66601

Purpose of Disbursement  
(389)Jump Drive

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary     General  
 Other (specify): ▼

State:

District:

Transaction ID: D42-02EM0g

Date of Disbursement

04 / 01 / 2007

Amount of Each Disbursement this Period

5.32

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

0.00  
6045.29

27020300525

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Citibank**

Mailing Address

PO Box 6406

City

The Lakes

State

NV

Zip Code

88901

Purpose of Disbursement

Travel-Fuel Expenses

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D732-02vm05

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

61.75

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Gariglietti, Mary E.**

Mailing Address

3137 SW Randolph Ave., Apt 207

City

Topeka

State

KS

Zip Code

66611

Purpose of Disbursement

Reimb-Balloons

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D913-032u03

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

4.45

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Gariglietti, Mary E.**

Mailing Address

3137 SW Randolph Ave., Apt 207

City

Topeka

State

KS

Zip Code

66611

Purpose of Disbursement

Reimb-Pstg,Dues,Parking

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D914-032u04

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

44.80

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

111.00  
6156.29

27020300526

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Hoof & Horn**

Mailing Address

PO Box 332

City  
Atchison

State  
KS

Zip Code  
66002

Purpose of Disbursement  
Food/Meal-Event 3/06/07

Candidate Name

Office Sought:

State:    District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D990-035F01  
Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

388.00

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Kansas Income Tax**

Mailing Address

Kansas Department Of Revenue, 915 SW Harrison Revenue

City  
Topeka

State  
KS

Zip Code  
66625

Purpose of Disbursement  
KS Corp Est. Tax 2007

Candidate Name

Office Sought:

State:    District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D1115-012Z0J  
Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

160.00

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. North Meets South**

Mailing Address

228 S. Washington St., Suite B-10

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Catering-NRSC reception

Candidate Name

Office Sought:

State:    District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D1340-02MV07  
Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

3960.77

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

4508.77  
10665.06

27020300527

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Pro Print Incorporated**

Mailing Address

2028 S. W. Gage Boulevard

City  
Topeka

State  
KS

Zip Code  
66604

Purpose of Disbursement  
Printing Expenses

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D1533-01SE0T  
Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

1361.55

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Roberts, Franki**

Mailing Address

2203 White Oakes Drive

City  
Alexandria

State  
VA

Zip Code  
22306

Purpose of Disbursement  
Reimb-RCS/Senate Spouses

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D1669-01Em11  
Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

70.00

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Roberts, Franki**

Mailing Address

2203 White Oakes Drive

City  
Alexandria

State  
VA

Zip Code  
22306

Purpose of Disbursement  
Reimb-RCS Meeting

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D1670-01Em12  
Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

20.00

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

1451.55

12116.61

27020300528

**SCHEDULE B (FEC Form 3)  
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Use separate schedule(s)  
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. The Catering Company</b>		Transaction ID: D1905-034c01 Date of Disbursement
Mailing Address 6306 Morningside Drive		MM / DD / YYYY 04 / 01 / 2007
City Kansas City	State MO	Zip Code 64113
Purpose of Disbursement Catering-02/25/07 Event	Category/ Type	Amount of Each Disbursement this Period 1734.87
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Top Of The Tower</b>		Transaction ID: D1928-01250C Date of Disbursement
Mailing Address 1600 Bank Of America Tower, 534 S. Kansas Avenue		MM / DD / YYYY 04 / 01 / 2007
City Topeka	State KS	Zip Code 66603
Purpose of Disbursement Banquet Exp-3/12 Event	Category/ Type	Amount of Each Disbursement this Period 2082.18
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Towns, Leroy</b>		Transaction ID: D2002-011i1T Date of Disbursement
Mailing Address 102 Barnhill Place		MM / DD / YYYY 04 / 01 / 2007
City Chapel Hill	State NC	Zip Code 27514
Purpose of Disbursement Fundrsng Consulng-April	Category/ Type	Amount of Each Disbursement this Period 1700.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) .....	5517.05
TOTAL This Period (last page this line number only) .....	17633.66

27020300529

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Winfrey &amp; Company</b>		Transaction ID: <b>D2231-02dX17</b>
Mailing Address <b>228 South Washington Street, Suite B-20</b>		Date of Disbursement <b>04 / 01 / 2007</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Disbursement <b>Fundraising Consulting-Ap</b>	Category/ Type	Amount of Each Disbursement this Period <b>18457.22</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For:	
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		Transaction ID: <b>D712-02LW2w</b>
Mailing Address <b>PO Box 650553</b>		Date of Disbursement <b>04 / 02 / 2007</b>
City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75265</b>
Purpose of Disbursement <b>Telephone Expense</b>	Category/ Type	Amount of Each Disbursement this Period <b>122.26</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For:	
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>C. Mueller, Molly J.</b>		Transaction ID: <b>D1295-02Wm0C</b>
Mailing Address <b>10020 Juniper Lane</b>		Date of Disbursement <b>04 / 02 / 2007</b>
City <b>Overland Park</b>	State <b>KS</b>	Zip Code <b>66207</b>
Purpose of Disbursement <b>Reimb-Mileage/Tolls</b>	Category/ Type	Amount of Each Disbursement this Period <b>226.90</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For:	
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>18806.38</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>36440.04</b>

27020300530

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address

PO Box 31533

City

Hartford

State

CT

Zip Code

06150

Purpose of Disbursement

Coffee Service

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D1367-031M04

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2007

Amount of Each Disbursement this Period

40.69

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Pro Print Incorporated**

Mailing Address

2028 S. W. Gage Boulevard

City

Topeka

State

KS

Zip Code

66604

Purpose of Disbursement

Printing Expenses

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D1534-01SE0U

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2007

Amount of Each Disbursement this Period

1394.85

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Shawnee Mission Ford Inc.**

Mailing Address

11501 Shawnee Mission Parkway, P. O. Box 3179

City

Shawnee

State

KS

Zip Code

66203

Purpose of Disbursement

Car Rental 3/23-3/26

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D1809-032Y02

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2007

Amount of Each Disbursement this Period

322.16

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

1757.70

TOTAL This Period (last page this line number only) .....

38197.74

27020300531

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. U. S. Senate Restaurants**

Mailing Address

Senate Office Bldgs, 1ST & C. Sts N. W.

City

Washington

State

DC

Zip Code

20510

Purpose of Disbursement

Meals-2/12/07-2/28/07

Candidate Name

Category/  
Type

Office Sought:

State: District:

Disbursement For:

Primary

General

Other (specify): ▼

Transaction ID: D2069-02Dz1j

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

103.44

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Verizon Wireless**

Mailing Address

P. O. Box 660108

City

Dallas

State

TX

Zip Code

75266

Purpose of Disbursement

Telephone Expense

Candidate Name

Category/  
Type

Office Sought:

State: District:

Disbursement For:

Primary

General

Other (specify): ▼

Transaction ID: D2137-02Mn1C

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

160.00

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. 500 Kansas Avenue Development Co.**

Mailing Address

P. O. Box 5318

City

Topeka

State

KS

Zip Code

66605

Purpose of Disbursement

April 2007 Rent

Candidate Name

Category/  
Type

Office Sought:

State: District:

Disbursement For:

Primary

General

Other (specify): ▼

Transaction ID: D21-02x10K

Date of Disbursement

04 / 04 / 2007

Amount of Each Disbursement this Period

150.00

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

413.44

TOTAL This Period (last page this line number only) .....

38611.18

27020300532



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. At&amp;T</b>		Transaction ID: D233-02Kw0B Date of Disbursement 04 / 10 / 2007
Mailing Address PO Box 2969		Amount of Each Disbursement this Period 38.11
City Omaha	State NE	
Purpose of Disbursement Telephone Expense	Zip Code 68103	Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>B. At&amp;T</b>		Transaction ID: D280-02zd0A Date of Disbursement 04 / 10 / 2007
Mailing Address P. O. Box 630047		Amount of Each Disbursement this Period 105.03
City Dallas	State TX	
Purpose of Disbursement Telephone Expense	Zip Code 75263	Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>C. Gariglietti, Mary E.</b>		Transaction ID: D915-032u05 Date of Disbursement 04 / 10 / 2007
Mailing Address 3137 SW Randolph Ave., Apt 207		Amount of Each Disbursement this Period 1088.21
City Topeka	State KS	
Purpose of Disbursement 4/10/07 Wages	Zip Code 66611	Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

SUBTOTAL of Disbursements This Page (optional) .....	1231.35
TOTAL This Period (last page this line number only) .....	45440.43

27020300534

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Transaction ID: **D1023-02MM0G**  
Date of Disbursement

MM / DD / YYYY  
**04 / 10 / 2007**

Mailing Address

City **Ogden**      State **UT**      Zip Code **84201**

Amount of Each Disbursement this Period

**907.26**

Purpose of Disbursement  
**941 Payroll Taxes 4/10/07**

Category/Type

Candidate Name

Office Sought:      State:      District:

Disbursement For:  
 Primary     General  
 Other (specify): ▼

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Mueller, Molly J.**

Transaction ID: **D1296-02Wm0D**  
Date of Disbursement

MM / DD / YYYY  
**04 / 10 / 2007**

Mailing Address

**10020 Juniper Lane**

City **Overland Park**      State **KS**      Zip Code **66207**

Amount of Each Disbursement this Period

**1217.39**

Purpose of Disbursement  
**4/10/07 Wages**

Category/Type

Candidate Name

Office Sought:      State:      District:

Disbursement For:  
 Primary     General  
 Other (specify): ▼

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. New Media Communications**

Transaction ID: **D1327-031R04**  
Date of Disbursement

MM / DD / YYYY  
**04 / 10 / 2007**

Mailing Address

**3046 Brecksville Road**

City **Richfield**      State **OH**      Zip Code **44286**

Amount of Each Disbursement this Period

**150.00**

Purpose of Disbursement  
**April 07-Hosting Web**

Category/Type

Candidate Name

Office Sought:      State:      District:

Disbursement For:  
 Primary     General  
 Other (specify): ▼

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

**2274.65**

TOTAL This Period (last page this line number only) .....

**47715.08**

27020300535

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Pro Print Incorporated**

Mailing Address

2028 S. W. Gage Boulevard

City  
Topeka

State  
KS

Zip Code  
66604

Purpose of Disbursement  
Printing Expenses

Candidate Name

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D1535-01SE0V

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2007

Amount of Each Disbursement this Period

186.96

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Roberts, Franki**

Mailing Address

2203 White Oakes Drive

City  
Alexandria

State  
VA

Zip Code  
22306

Purpose of Disbursement  
Reimb-Internl Club Mtg

Candidate Name

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D1671-01Em13

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2007

Amount of Each Disbursement this Period

25.00

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Towns, Leroy**

Mailing Address

102 Barnhill Place

City  
Chapel Hill

State  
NC

Zip Code  
27514

Purpose of Disbursement  
Reimb-Mileage-Trip DC

Candidate Name

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D2003-0111U

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2007

Amount of Each Disbursement this Period

291.00

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

502.96  
48218.04

27020300536



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address

PO Box 31533

City

Hartford

State

CT

Zip Code

06150

Purpose of Disbursement

Coffee Service

Candidate Name

Category/  
Type

Office Sought:

State:

District:

Disbursement For:

Primary

General

Other (specify): ▼

Transaction ID: D1368-031M05

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2007

Amount of Each Disbursement this Period

161.60

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. New Media Communications**

Mailing Address

3046 Brecksville Road

City

Richfield

State

OH

Zip Code

44286

Purpose of Disbursement

Fees-Cr Crd Contributions

Candidate Name

Category/  
Type

Office Sought:

State:

District:

Disbursement For:

Primary

General

Other (specify): ▼

Transaction ID: D1328-031R05

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2007

Amount of Each Disbursement this Period

512.91

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Bank Of America**

Mailing Address

P. O. Box 37271

City

Baltimore

State

MD

Zip Code

21297

Purpose of Disbursement

(390)March 2007 Pymt

Candidate Name

Category/  
Type

Office Sought:

State:

District:

Disbursement For:

Primary

General

Other (specify): ▼

Transaction ID: D461-02w10b

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2007

Amount of Each Disbursement this Period

4760.38

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

5434.89  
56586.51

27020300538

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial)  
**A. Amazon Com**

Mailing Address  
1 Centerpoint Blvd, P. O. Box 15550

City                      State                      Zip Code  
New Castle              DE                      19720

Purpose of Disbursement  
(390)Gifts-Thurs. Lunch G

Candidate Name

Office Sought:      Disbursement For:  
    Primary       General  
    Other (specify): ▼

State:                      District:

Transaction ID: D1-02zR02  
Date of Disbursement:  /  /

Amount of Each Disbursement this Period

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
**B. Capitol Plaza Hotel**

Mailing Address  
1717 SW Topeka Blvd

City                      State                      Zip Code  
Topeka                      KS                      66612

Purpose of Disbursement  
(390)Lodging Expense

Candidate Name

Office Sought:      Disbursement For:  
    Primary       General  
    Other (specify): ▼

State:                      District:

Transaction ID: D2-02F10a  
Date of Disbursement:  /  /

Amount of Each Disbursement this Period

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
**C. Cato Travel**

Mailing Address  
Senate Russell Bld, 1ST & C. St. NE

City                      State                      Zip Code  
Washington              DC                      20510

Purpose of Disbursement  
(390)Travel Expenses

Candidate Name

Office Sought:      Disbursement For:  
    Primary       General  
    Other (specify): ▼

State:                      District:

Transaction ID: D3-02to0K  
Date of Disbursement:  /  /

Amount of Each Disbursement this Period

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ➔

**TOTAL** This Period (last page this line number only) ..... ➔

27020300539

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (in Full)  
**PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial)

**A. Hilton Hotels**

Mailing Address  
2098 Airport Road

City      State      Zip Code  
Wichita      KS      67209

Purpose of Disbursement  
(390)Lodging Expenses

Candidate Name

Office Sought:      State:      District:

Disbursement For:  
 Primary       General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D4-02ug02  
Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2007

Amount of Each Disbursement this Period

180.15

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Marriott Hotels ( Kc Airport )**

Mailing Address  
775 Brasilia

City      State      Zip Code  
Kansas City      MO      64153

Purpose of Disbursement  
(390)Lodging Expense

Candidate Name

Office Sought:      State:      District:

Disbursement For:  
 Primary       General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D5-01E00J  
Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2007

Amount of Each Disbursement this Period

252.56

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Midwest Express Airline**

Mailing Address  
6744 S. Howell Ave.

City      State      Zip Code  
Oak Creek      WI      53154

Purpose of Disbursement  
(390)Travel-Airline Ticke

Candidate Name

Office Sought:      State:      District:

Disbursement For:  
 Primary       General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D7-01dn00  
Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2007

Amount of Each Disbursement this Period

2136.31

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

0.00

56586.51

27020300540

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address

6700 B. Richmond Highway

City

Alexandria

State

VA

Zip Code

22306

Purpose of Disbursement

(390)Supplies Expense

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D8-01NG00

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2007

Amount of Each Disbursement this Period

73.49

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Residence Inn Topeka**

Mailing Address

1620 SW Westport Drive

City

Topeka

State

KS

Zip Code

66604

Purpose of Disbursement

(390)Lodging Expenses

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D10-02E109

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2007

Amount of Each Disbursement this Period

431.08

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Target Com**

Mailing Address

City

Internet

State

Zip Code

Purpose of Disbursement

(390)Gifts-Host Intntl Cl

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D12-037G01

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2007

Amount of Each Disbursement this Period

641.19

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

56586.51

27020300541

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (in Full)  
**PAT ROBERTS FOR SENATE**      C00128876

<b>A. Usairways</b> Full Name (Last, First, Middle Initial) Mailing Address City      State      Zip Code Phoenix      AZ Purpose of Disbursement (390)Travel Expense Candidate Name Office Sought:      Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼ State:      District:		Transaction ID: D14-02LD02 Date of Disbursement 04 / 17 / 2007 Amount of Each Disbursement this Period 203.41 <b>MEMO</b> <b>Credit Card Item</b> <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
<b>B. Bank Of America</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 15731 City      State      Zip Code Wilmington      DE      19886 Purpose of Disbursement (391)Mar 2007 Payment Candidate Name Office Sought:      Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼ State:      District:		Transaction ID: D355-02GY1g Date of Disbursement 04 / 18 / 2007 Amount of Each Disbursement this Period 5284.94 <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
<b>C. America Online</b> Full Name (Last, First, Middle Initial) Mailing Address 12100 Sunrise Valley Drive City      State      Zip Code Reston      VA      20191 Purpose of Disbursement (391)Communication Exp Candidate Name Office Sought:      Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼ State:      District:		Transaction ID: D1-01ID1f Date of Disbursement 04 / 18 / 2007 Amount of Each Disbursement this Period 25.90 <b>MEMO</b> <b>Credit Card Item</b> <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

5284.94  
61871.45

27020300542

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		Transaction ID: D2-02LW2z Date of Disbursement 04 / 18 / 2007
Mailing Address PO Box 650553		Amount of Each Disbursement this Period 122.26
City Dallas	State TX	
Zip Code 75265		MEMO <b>Credit Card Item</b> <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Purpose of Disbursement (391)Telephone Expense		
Candidate Name		Category/ Type
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	
State:	District:	
Full Name (Last, First, Middle Initial) <b>B. Fedex</b>		Transaction ID: D4-01Du1X Date of Disbursement 04 / 18 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 76.75
City Memphis	State TN	
Zip Code 38101		MEMO <b>Credit Card Item</b> <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Purpose of Disbursement (391)Shipping Expenses		
Candidate Name		Category/ Type
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	
State:	District:	
Full Name (Last, First, Middle Initial) <b>C. Hilton Alexandria Old Town</b>		Transaction ID: D5-031d02 Date of Disbursement 04 / 18 / 2007
Mailing Address 1767 King Street		Amount of Each Disbursement this Period 1136.61
City Alexandria	State VA	
Zip Code 22314		MEMO <b>Credit Card Item</b> <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Purpose of Disbursement (391)Lodging Expense		
Candidate Name		Category/ Type
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

61871.45

27020300543

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

**A.** Full Name (Last, First, Middle Initial)  
**Hilton Alexandria Old Town**

Mailing Address  
1767 King Street

City **Alexandria**      State **VA**      Zip Code **22314**

Purpose of Disbursement  
**(391)Staff Lodging Exp**

Candidate Name

Office Sought:      Disbursement For:  
       Primary       General  
      Other (specify): ▼

State:      District:

Transaction ID: **D6-031d03**  
Date of Disbursement: **04 / 18 / 2007**

Amount of Each Disbursement this Period  
**508.10**

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
**Hilton Alexandria Old Town**

Mailing Address  
1767 King Street

City **Alexandria**      State **VA**      Zip Code **22314**

Purpose of Disbursement  
**(391)Lodging Expense**

Candidate Name

Office Sought:      Disbursement For:  
 Primary       General  
 Other (specify): ▼

State:      District:

Transaction ID: **D7-031d04**  
Date of Disbursement: **04 / 18 / 2007**

Amount of Each Disbursement this Period  
**729.10**

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
**Kansas Turnpike Authority**

Mailing Address

City **Topeka**      State **KS**      Zip Code **66600**

Purpose of Disbursement  
**(391)Toll charges**

Candidate Name

Office Sought:      Disbursement For:  
 Primary       General  
 Other (specify): ▼

State:      District:

Transaction ID: **D9-01NZ01**  
Date of Disbursement: **04 / 18 / 2007**

Amount of Each Disbursement this Period  
**10.50**

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... **0.00**

**TOTAL** This Period (last page this line number only) ..... **61871.45**

27020300544



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. New York Pizza**

Mailing Address

1401 Pennsylvania Ave.

City

Washington

State

DC

Zip Code

20003

Purpose of Disbursement

(391)Staff Lunch

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D14-037L01

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2007

Amount of Each Disbursement this Period

130.50

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Postmaster**

Mailing Address

Topeka Main PO

City

Topeka

State

KS

Zip Code

66603

Purpose of Disbursement

(391)Postage Expense

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D17-02Jr0t

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2007

Amount of Each Disbursement this Period

195.00

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Postmaster**

Mailing Address

Edgewater Postal Store

City

Edgewater

State

MD

Zip Code

Purpose of Disbursement

(391)Stamps

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D18-02vp07

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2007

Amount of Each Disbursement this Period

156.00

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

0.00

61871.45

27020300546

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial)

**A. Public Storage #23212**

Mailing Address

City **Topeka** State **KS** Zip Code

Purpose of Disbursement  
(391)Storage Expense

Candidate Name

Office Sought:

Disbursement For:

Primary  General  
 Other (specify): ▼

State: District:

Transaction ID: **D20-02170r**  
Date of Disbursement

M/M	D/D	Y/Y
04	18	2007

Amount of Each Disbursement this Period

64.00
-------

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Senate Gift Shop**

Mailing Address

Senate Dirksen Bldg, Sdg-42

City **Washington** State **DC** Zip Code **20510**

Purpose of Disbursement  
(391)Gift Expense

Candidate Name

Office Sought:

Disbursement For:

Primary  General  
 Other (specify): ▼

State: District:

Transaction ID: **D23-02Dq1X**  
Date of Disbursement

M/M	D/D	Y/Y
04	18	2007

Amount of Each Disbursement this Period

12.50
-------

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Senate Gift Shop**

Mailing Address

Senate Dirksen Bldg, Sdg-42

City **Washington** State **DC** Zip Code **20510**

Purpose of Disbursement  
(391)Hosting gifts

Candidate Name

Office Sought:

Disbursement For:

Primary  General  
 Other (specify): ▼

State: District:

Transaction ID: **D24-02Dq1Y**  
Date of Disbursement

M/M	D/D	Y/Y
04	18	2007

Amount of Each Disbursement this Period

170.00
--------

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

0.00
61871.45

27020300547

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Sprintpcs</b>		Transaction ID: D26-02yF0H Date of Disbursement
Mailing Address PO Box 219554		M M / D D / Y Y Y Y 04 / 18 / 2007
City Kansas City	State MO	Zip Code 64121
Purpose of Disbursement (391)Telephone Expense	Category/ Type	Amount of Each Disbursement this Period <b>164.04</b>
Candidate Name		<b>MEMO</b> <b>Credit Card Item</b>
Office Sought:	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>B. Tallgrass Country Club</b>		Transaction ID: D27-037N01 Date of Disbursement
Mailing Address 2400 N. Tallgrass Rd.		M M / D D / Y Y Y Y 04 / 18 / 2007
City Wichita	State KS	Zip Code 67226
Purpose of Disbursement (391)Fundraiser-Drink Exp	Category/ Type	Amount of Each Disbursement this Period <b>376.69</b>
Candidate Name		<b>MEMO</b> <b>Credit Card Item</b>
Office Sought:	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>C. Ten Penh</b>		Transaction ID: D28-030I03 Date of Disbursement
Mailing Address 1001 Pennsylvania Ave. NW		M M / D D / Y Y Y Y 04 / 18 / 2007
City Washington	State DC	Zip Code 20004
Purpose of Disbursement (391)Campaign/Guest Dinnr	Category/ Type	Amount of Each Disbursement this Period <b>202.31</b>
Candidate Name		<b>MEMO</b> <b>Credit Card Item</b>
Office Sought:	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>61871.45</b>

27020300548

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Transaction ID: D29-02Ak02 Date of Disbursement 04 / 18 / 2007	
Mailing Address		Amount of Each Disbursement this Period 24.27	
City Wichita	State KS	Category/ Type	
Purpose of Disbursement (391)Supplies		MEMO Credit Card Item	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
State:	District:		
Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		Transaction ID: D713-02LW2x Date of Disbursement 04 / 18 / 2007	
Mailing Address PO Box 650553		Amount of Each Disbursement this Period 285.84	
City Dallas	State TX	Category/ Type	
Purpose of Disbursement Telephone Expense		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
State:	District:		
Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		Transaction ID: D714-02LW2y Date of Disbursement 04 / 18 / 2007	
Mailing Address PO Box 650553		Amount of Each Disbursement this Period 62.04	
City Dallas	State TX	Category/ Type	
Purpose of Disbursement Telephone Expense		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
State:	District:		

SUBTOTAL of Disbursements This Page (optional) .....

347.88
62219.33

TOTAL This Period (last page this line number only) .....

27020300549

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (in Full) <b>PAT ROBERTS FOR SENATE</b>	<b>C00128876</b>
--	------------------

Full Name (Last, First, Middle Initial) <b>A. Citibank</b>		Transaction ID: <b>D733-02vm07</b>
Mailing Address <b>PO Box 6406</b>		Date of Disbursement MM / DD / YYYY <b>04 / 18 / 2007</b>
City <b>The Lakes</b>	State <b>NV</b>	Zip Code <b>88901</b>
Purpose of Disbursement <b>Fuel Expenses-C. Tenpenny</b>	Category/ Type	Amount of Each Disbursement this Period <b>86.55</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>B. Hsbc Business Solutions</b>		Transaction ID: <b>D1005-02yg0B</b>
Mailing Address <b>PO Box 5239</b>		Date of Disbursement MM / DD / YYYY <b>04 / 18 / 2007</b>
City <b>Carol Stream</b>	State <b>IL</b>	Zip Code <b>60197</b>
Purpose of Disbursement <b>Office Supplies</b>	Category/ Type	Amount of Each Disbursement this Period <b>224.12</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>C. Jul's Cocktail Club &amp; Grill Room</b>		Transaction ID: <b>D1055-02yE07</b>
Mailing Address <b>4117 SW Huntoon</b>		Date of Disbursement MM / DD / YYYY <b>04 / 18 / 2007</b>
City <b>Topeka</b>	State <b>KS</b>	Zip Code <b>66604</b>
Purpose of Disbursement <b>Meeting-Meal/Food Exp</b>	Category/ Type	Amount of Each Disbursement this Period <b>74.32</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>384.99</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>62604.32</b>

27020300550

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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17 20a     18 20b     19a 20c     21

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Topeka Country Club

Mailing Address

2700 SW Buchanan

City

Topeka

State

KS

Zip Code

66611

Purpose of Disbursement

Meal/Food Expense

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D1946-02Gn0N

Date of Disbursement

04 / 18 / 2007

Amount of Each Disbursement this Period

55.54

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Gariglietti, Mary E.

Mailing Address

3137 SW Randolph Ave., Apt 207

City

Topeka

State

KS

Zip Code

66611

Purpose of Disbursement

Wages 04/08/07-04/21/07

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D916-032u06

Date of Disbursement

04 / 24 / 2007

Amount of Each Disbursement this Period

1103.21

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address

City

Ogden

State

UT

Zip Code

84201

Purpose of Disbursement

941 Payroll Taxes

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D1024-02MM0H

Date of Disbursement

04 / 24 / 2007

Amount of Each Disbursement this Period

907.24

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

2065.99

TOTAL This Period (last page this line number only) .....

64670.31

27020300551

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 87

17 20a     18 20b     19a 20c     21

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Mueller, Molly J.</b>			Transaction ID: D1297-02Wm0E Date of Disbursement: 04/24/2007		
Mailing Address 10020 Juniper Lane			Amount of Each Disbursement this Period 1217.40		
City Overland Park	State KS	Zip Code 66207	Category/ Type		
Purpose of Disbursement Wages 04/24/07					
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53			
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Ball Consulting Group</b>			Transaction ID: D289-034d02 Date of Disbursement: 05/01/2007		
Mailing Address PO Box 1511			Amount of Each Disbursement this Period 250.00		
City Great Bend	State KS	Zip Code 67530	Category/ Type		
Purpose of Disbursement Acctng-March Services					
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53			
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Capital City Club</b>			Transaction ID: D490-036w01 Date of Disbursement: 05/01/2007		
Mailing Address Attn: Debra Wilson, 7 Harris Street NW			Amount of Each Disbursement this Period 489.24		
City Atlanta	State GA	Zip Code 30303	Category/ Type		
Purpose of Disbursement Catering-Luncheon 4/09/07					
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53			
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼				
State:	District:				

SUBTOTAL of Disbursements This Page (optional) .....	1956.64
TOTAL This Period (last page this line number only) .....	66626.95

27020300552

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 87

17 20a     18 20b     19a 20c     21

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Transaction ID: D1369-031M06 Date of Disbursement MM / DD / YYYY 05 / 01 / 2007
Mailing Address PO Box 31533		Amount of Each Disbursement this Period <b>37.49</b>
City Hartford	State CT	
Zip Code 06150	Purpose of Disbursement Coffee Service/Supplies	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Pro Print Incorporated</b>		Transaction ID: D1536-01SE0W Date of Disbursement MM / DD / YYYY 05 / 01 / 2007
Mailing Address 2028 S. W. Gage Boulevard		Amount of Each Disbursement this Period <b>96.65</b>
City Topeka	State KS	
Zip Code 66604	Purpose of Disbursement Printing Expenses	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Quik Print</b>		Transaction ID: D1607-02IL0a Date of Disbursement MM / DD / YYYY 05 / 01 / 2007
Mailing Address Printing & Copying, 6300A SW 9TH Terrace		Amount of Each Disbursement this Period <b>335.12</b>
City Topeka	State KS	
Zip Code 66615	Purpose of Disbursement Envelopes-Printing Exp	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name	Category/Type	
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) .....	<b>469.26</b>
TOTAL This Period (last page this line number only) .....	<b>67096.21</b>

27020300553

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 87

17     18     19a  
 20a     20b     20c     21

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Roberts, Franki

Mailing Address

2203 White Oakes Drive

City

Alexandria

State

VA

Zip Code

22306

Purpose of Disbursement

Reimb-Luncheon-Spouses

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D1672-01Em14

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2007

Amount of Each Disbursement this Period

65.00

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Topeka Country Club

Mailing Address

2700 SW Buchanan

City

Topeka

State

KS

Zip Code

66611

Purpose of Disbursement

Meeting-Meal/Food Exp

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D1947-02Gn00

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2007

Amount of Each Disbursement this Period

55.96

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Towns, Leroy

Mailing Address

102 Barnhill Place

City

Chapel Hill

State

NC

Zip Code

27514

Purpose of Disbursement

Fundrsng Consulting-May

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D2004-011i1V

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2007

Amount of Each Disbursement this Period

1700.00

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

1820.96  
68917.17

27020300554

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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17     18     19a  
20a    20b    20c    21

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. U. S. Senate Restaurants</b>		Transaction ID: D2070-02Dz1k Date of Disbursement
Mailing Address Senate Office Bldgs, 1ST & C. Sts N. W.		<input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y 05 / 01 / 2007
City	State	Amount of Each Disbursement this Period
Washington	DC	
Zip Code		59.46
Purpose of Disbursement Rep Pol Comm/Senate Wives	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name		
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Transaction ID: D2138-02Mn1D Date of Disbursement
Mailing Address P. O. Box 660108		<input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y 05 / 01 / 2007
City	State	Amount of Each Disbursement this Period
Dallas	TX	
Zip Code		161.84
Purpose of Disbursement Telephone Expense	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name		
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Winfrey &amp; Company</b>		Transaction ID: D2232-02dX18 Date of Disbursement
Mailing Address 228 South Washington Street, Suite B-20		<input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y 05 / 01 / 2007
City	State	Amount of Each Disbursement this Period
Alexandria	VA	
Zip Code		15772.79
Purpose of Disbursement Fundraising Consulting-May	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Candidate Name		
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) .....	15994.09
TOTAL This Period (last page this line number only) .....	84911.26

2702030055

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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17 20a     18 20b     19a 20c     21

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial) <b>A. 500 Kansas Avenue Development Co.</b>			Transaction ID: D22-02x10L Date of Disbursement: 05 / 03 / 2007		
Mailing Address P. O. Box 5318			Amount of Each Disbursement this Period 150.00		
City Topeka	State KS	Zip Code 66605	Purpose of Disbursement May 2007 Rent		
Candidate Name		Category/ Type	Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53		
Office Sought:	Disbursement For:		Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53		
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name (Last, First, Middle Initial) <b>B. Ball Consulting Group</b>			Transaction ID: D290-034d03 Date of Disbursement: 05 / 03 / 2007		
Mailing Address PO Box 1511			Amount of Each Disbursement this Period 2927.98		
City Great Bend	State KS	Zip Code 67530	Purpose of Disbursement April-Prof Service/Bkkpg		
Candidate Name		Category/ Type	Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53		
Office Sought:	Disbursement For:		Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53		
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name (Last, First, Middle Initial) <b>C. Roberts, Franki</b>			Transaction ID: D1673-01Em15 Date of Disbursement: 05 / 03 / 2007		
Mailing Address 2203 White Oakes Drive			Amount of Each Disbursement this Period 180.00		
City Alexandria	State VA	Zip Code 22306	Purpose of Disbursement Reimb-Rep Cong Spouses		
Candidate Name		Category/ Type	Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53		
Office Sought:	Disbursement For:		Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53		
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Disbursements This Page (optional) .....

3257.98

TOTAL This Period (last page this line number only) .....

88169.24

27020300556

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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17  
20a     18  
20b     19a  
20c     21

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NAME OF COMMITTEE (in Full)  
**PAT ROBERTS FOR SENATE**

**C00128876**

Full Name (Last, First, Middle Initial)

**A. At&T**

Mailing Address

PO Box 2969

City

Omaha

State

NE

Zip Code

68103

Purpose of Disbursement

Telephone Expense

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary     General

Other (specify): ▼

State:

District:

Transaction ID: D234-02Kw0C

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2007

Amount of Each Disbursement this Period

64.67

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Cingular Wireless**

Mailing Address

PO Box 6463

City

Carol Stream

State

IL

Zip Code

60197

Purpose of Disbursement

Telephone Expense

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary     General

Other (specify): ▼

State:

District:

Transaction ID: D725-031X04

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2007

Amount of Each Disbursement this Period

87.67

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Gariglietti, Mary E.**

Mailing Address

3137 SW Randolph Ave., Apt 207

City

Topeka

State

KS

Zip Code

66611

Purpose of Disbursement

Wages 04/22/07-05/05/07

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary     General

Other (specify): ▼

State:

District:

Transaction ID: D917-032u07

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2007

Amount of Each Disbursement this Period

1088.21

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

1240.55

89409.79

15002507077



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial) <b>A. Mueller, Molly J.</b>		Transaction ID: D1300-02Wm0H Date of Disbursement: 05 / 08 / 2007	
Mailing Address 10020 Juniper Lane		Amount of Each Disbursement this Period 29.16	
City Overland Park	State KS	Zip Code 66207	Category/ Type
Purpose of Disbursement Reimb-Mileage & Tolls			
Candidate Name			
Office Sought:	Disbursement For:		
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		
		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) <b>B. New Media Communications</b>		Transaction ID: D1329-031R06 Date of Disbursement: 05 / 08 / 2007	
Mailing Address 3046 Brecksville Road		Amount of Each Disbursement this Period 150.00	
City Richfield	State OH	Zip Code 44286	Category/ Type
Purpose of Disbursement Hosting-May 2007			
Candidate Name			
Office Sought:	Disbursement For:		
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		
		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) <b>C. Pro Print Incorporated</b>		Transaction ID: D1537-01SE0X Date of Disbursement: 05 / 08 / 2007	
Mailing Address 2028 S. W. Gage Boulevard		Amount of Each Disbursement this Period 85.91	
City Topeka	State KS	Zip Code 66604	Category/ Type
Purpose of Disbursement Printing Expense			
Candidate Name			
Office Sought:	Disbursement For:		
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		
		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) .....	265.07
TOTAL This Period (last page this line number only) .....	92062.69

27020300559

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. At&amp;T</b>			Transaction ID: <b>D281-02zd0B</b>
Mailing Address <b>P. O. Box 630047</b>			Date of Disbursement <b>05 / 09 / 2007</b>
City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75263</b>	Amount of Each Disbursement this Period <b>109.72</b>
Purpose of Disbursement <b>Telephone Expense</b>		Category/ Type	
Candidate Name			
Office Sought:	Disbursement For:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

Full Name (Last, First, Middle Initial) <b>B. McKellar Group Inc.</b>			Transaction ID: <b>D1224-036v02</b>
Mailing Address <b>523 Grand Boulevard, Suite 1D</b>			Date of Disbursement <b>05 / 09 / 2007</b>
City <b>Kansas City</b>	State <b>MO</b>	Zip Code <b>64106</b>	Amount of Each Disbursement this Period <b>4000.00</b>
Purpose of Disbursement <b>April-Fundrsng Consulting</b>		Category/ Type	
Candidate Name			
Office Sought:	Disbursement For:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

Full Name (Last, First, Middle Initial) <b>C. Postmaster-Great Bend</b>			Transaction ID: <b>D1446-01771D</b>
Mailing Address			Date of Disbursement <b>05 / 09 / 2007</b>
City <b>Great Bend</b>	State <b>KS</b>	Zip Code <b>67530</b>	Amount of Each Disbursement this Period <b>41.00</b>
Purpose of Disbursement <b>Postage Exp-Stamps</b>		Category/ Type	
Candidate Name			
Office Sought:	Disbursement For:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	<b>4150.72</b>
<b>TOTAL This Period (last page this line number only)</b> .....	<b>96213.41</b>

27020300560

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Roberts, Franki

Mailing Address

2203 White Oakes Drive

City

Alexandria

State

VA

Zip Code

22306

Purpose of Disbursement

Reimb-Campaign Luncheon

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary

General

Other (specify): ▼

Transaction ID: D1674-01Em16

Date of Disbursement

05 / 09 / 2007

09 / 2007

2007

Amount of Each Disbursement this Period

185.00

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Topeka Country Club

Mailing Address

2700 SW Buchanan

City

Topeka

State

KS

Zip Code

66611

Purpose of Disbursement

Meeting/Food Expense

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary

General

Other (specify): ▼

Transaction ID: D1948-02Gn0P

Date of Disbursement

05 / 09 / 2007

09 / 2007

2007

Amount of Each Disbursement this Period

76.39

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Conservative Victory Fund

Mailing Address

422 First Street S. E.

City

Washington

State

DC

Zip Code

20003

Purpose of Disbursement

\* In-Kind->Create/Fax Announcement

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary

General

Other (specify): ▼

Transaction ID: D744-028402

Date of Disbursement

05 / 11 / 2007

11 / 2007

2007

Amount of Each Disbursement this Period

414.85

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

676.24

96889.65

27020500561

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Bank Of America**

Mailing Address

P. O. Box 37271

City  
Baltimore

State  
MD

Zip Code  
21297

Purpose of Disbursement  
(392)April 2007 Pymt

Candidate Name

Category/  
Type

Office Sought:

State: District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D462-02w10c

Date of Disbursement

MEMO / D-D / Y-Y-Y-Y  
05 / 16 / 2007

Amount of Each Disbursement this Period

3305.35

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Cato Travel**

Mailing Address

Senate Russell Bld, 1ST & C. St. NE

City  
Washington

State  
DC

Zip Code  
20510

Purpose of Disbursement  
(392)Travel Exp

Candidate Name

Category/  
Type

Office Sought:

State: District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D2-02to0L

Date of Disbursement

MEMO / D-D / Y-Y-Y-Y  
05 / 16 / 2007

Amount of Each Disbursement this Period

60.00

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Delta Air,**

Mailing Address

City  
Washington

State  
DC

Zip Code

Purpose of Disbursement  
(392)Tavel-Airline ticket

Candidate Name

Category/  
Type

Office Sought:

State: District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D3-02uZ02

Date of Disbursement

MEMO / D-D / Y-Y-Y-Y  
05 / 16 / 2007

Amount of Each Disbursement this Period

1267.60

**MEMO**

**See memo entries**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

3305.35

100195.00

27020300562

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Midwest Express Airline</b>		Transaction ID: D5-01dn0P Date of Disbursement
Mailing Address 6744 S. Howell Ave.		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
City	State	Zip Code
Oak Creek	WI	53154
Purpose of Disbursement (392)Travel Exp		<input type="text" value="93.60"/> <b>MEMO</b> <b>Credit Card Item</b>
Candidate Name		
Office Sought:	Disbursement For:	
<input type="text"/>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State:	Other (specify): ▼	
District:		

Full Name (Last, First, Middle Initial) <b>B. Nwa Air</b>		Transaction ID: D6-037q01 Date of Disbursement
Mailing Address		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
City	State	Zip Code
Minneapolis	MN	
Purpose of Disbursement (392)Travel Expense		<input type="text" value="601.30"/> <b>MEMO</b> <b>Credit Card Item</b>
Candidate Name		
Office Sought:	Disbursement For:	
<input type="text"/>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State:	Other (specify): ▼	
District:		

Full Name (Last, First, Middle Initial) <b>C. Usairways</b>		Transaction ID: D7-02LD03 Date of Disbursement
Mailing Address		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
City	State	Zip Code
Phoenix	AZ	
Purpose of Disbursement (392)Travel Expense		<input type="text" value="972.70"/> <b>MEMO</b> <b>Credit Card Item</b>
Candidate Name		
Office Sought:	Disbursement For:	
<input type="text"/>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State:	Other (specify): ▼	
District:		

SUBTOTAL of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only) .....	<input type="text" value="100195.00"/>

27020300563

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 49 OF 87

17     18     19a  
20a    20b    20c     21

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. New Media Communications**

Mailing Address

3046 Brecksville Road

City  
Richfield

State  
OH

Zip Code  
44286

Purpose of Disbursement  
Apr Fees-Cr Card Contribu

Candidate Name

Office Sought:

State: District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D1332-031R09  
Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2007

Amount of Each Disbursement this Period

117.50

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Bank Of America**

Mailing Address

PO Box 15731

City  
Wilmington

State  
DE

Zip Code  
19886

Purpose of Disbursement  
(394)April Payment-4438

Candidate Name

Office Sought:

State: District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D356-02GY1h  
Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2007

Amount of Each Disbursement this Period

1937.80

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. America Online**

Mailing Address

12100 Sunrise Valley Drive

City  
Reston

State  
VA

Zip Code  
20191

Purpose of Disbursement  
(394)Communication Expens

Candidate Name

Office Sought:

State: District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D1-01ID1g  
Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2007

Amount of Each Disbursement this Period

25.90

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2055.30

TOTAL This Period (last page this line number only)

102250.30

27020300564

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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17     18     19a  
20a    20b    20c     21

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial)

**A. Bank Of America**

Mailing Address

PO Box 15731

City  
Wilmington

State  
DE

Zip Code  
19886

Purpose of Disbursement  
(394)Annual Mem. Fee

Candidate Name

Office Sought:

Disbursement For:

Primary     General

Other (specify): ▼

State:

District:

Transaction ID: D2-02GY1i

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2007

Amount of Each Disbursement this Period

30.00

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Best Buy #48**

Mailing Address

1600 SW Wanamaker Road

City  
Topeka

State  
KS

Zip Code  
66604

Purpose of Disbursement  
(394)Eq-Ethernet Brd

Candidate Name

Office Sought:

Disbursement For:

Primary     General

Other (specify): ▼

State:

District:

Transaction ID: D3-01HE07

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2007

Amount of Each Disbursement this Period

61.23

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address

PO Box 1140

City  
Memphis

State  
TN

Zip Code  
38101

Purpose of Disbursement  
(394)Shipping Expenses

Candidate Name

Office Sought:

Disbursement For:

Primary     General

Other (specify): ▼

State:

District:

Transaction ID: D5-01Du1Y

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2007

Amount of Each Disbursement this Period

78.75

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

0.00

102250.30

2702030056

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Food Lion #1315</b>		Transaction ID: <b>D6-02pj0M</b> Date of Disbursement: <b>05 / 22 / 2007</b>	
Mailing Address		Amount of Each Disbursement this Period <b>15.09</b>	
City <b>Edgewater</b>	State <b>MD</b>	Zip Code	Category/ Type  <b>MEMO</b> <b>Credit Card Item</b>  <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Purpose of Disbursement <b>(394)Luncheon-Food Exp</b>		Candidate Name	
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		
State:	District:	State:      District:	

Full Name (Last, First, Middle Initial) <b>B. Jul's Cocktail Club &amp; Grill Room</b>		Transaction ID: <b>D7-02yE08</b> Date of Disbursement: <b>05 / 22 / 2007</b>	
Mailing Address <b>4117 SW Huntoon</b>		Amount of Each Disbursement this Period <b>51.07</b>	
City <b>Topeka</b>	State <b>KS</b>	Zip Code <b>66604</b>	Category/ Type  <b>MEMO</b> <b>Credit Card Item</b>  <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Purpose of Disbursement <b>(394)Lunch/Mtg Exp</b>		Candidate Name	
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		
State:	District:	State:      District:	

Full Name (Last, First, Middle Initial) <b>C. Midwest Airlines</b>		Transaction ID: <b>D10-02ym07</b> Date of Disbursement: <b>05 / 22 / 2007</b>	
Mailing Address		Amount of Each Disbursement this Period <b>295.80</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code	Category/ Type  <b>MEMO</b> <b>Credit Card Item</b>  <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Purpose of Disbursement <b>(394)Staff-Airline Ticket</b>		Candidate Name	
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		
State:	District:	State:      District:	

SUBTOTAL of Disbursements This Page (optional) .....	<b>0.00</b>
TOTAL This Period (last page this line number only) .....	<b>102250.30</b>

27020300566



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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20a    20b    20c    21

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial)

**A. Sprint**

Mailing Address

PO Box 660092

City  
Dallas

State  
TX

Zip Code  
75266

Purpose of Disbursement  
(394)Telephone Expense

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary     General  
 Other (specify): ▼

State:

District:

Transaction ID: D18-031Z03

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2007

Amount of Each Disbursement this Period

634.98

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Sprint #906**

Mailing Address

2130 SW Wanamaker Rd., Ste 122

City  
Topeka

State  
KS

Zip Code

Purpose of Disbursement  
(394)Eq -Internet Card

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary     General  
 Other (specify): ▼

State:

District:

Transaction ID: D19-032G03

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2007

Amount of Each Disbursement this Period

293.40

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Sprintpcs**

Mailing Address

PO Box 219554

City  
Kansas City

State  
MO

Zip Code  
64121

Purpose of Disbursement  
(394)Telephone Expense

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary     General  
 Other (specify): ▼

State:

District:

Transaction ID: D20-02yF01

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2007

Amount of Each Disbursement this Period

119.46

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....▶

TOTAL This Period (last page this line number only) .....▶

0.00

102250.30

27020300568



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Gariglietti, Mary E.</b>		Transaction ID: <b>D918-032u08</b>
Mailing Address <b>3137 SW Randolph Ave., Apt 207</b>		Date of Disbursement <b>05 / 22 / 2007</b>
City <b>Topeka</b>	State <b>KS</b>	Zip Code <b>66611</b>
Purpose of Disbursement <b>Wages 05/06/07-05/19/07</b>		Amount of Each Disbursement this Period <b>1088.22</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Transaction ID: <b>D1025-02MM0I</b>
Mailing Address		Date of Disbursement <b>05 / 22 / 2007</b>
City <b>Ogden</b>	State <b>UT</b>	Zip Code <b>84201</b>
Purpose of Disbursement <b>941 Payroll Taxes</b>		Amount of Each Disbursement this Period <b>907.24</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Mueller, Molly J.</b>		Transaction ID: <b>D1299-02Wm0G</b>
Mailing Address <b>10020 Juniper Lane</b>		Date of Disbursement <b>05 / 22 / 2007</b>
City <b>Overland Park</b>	State <b>KS</b>	Zip Code <b>66207</b>
Purpose of Disbursement <b>Wages 05/06/07-05/19/07</b>		Amount of Each Disbursement this Period <b>1217.39</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3212.85</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>105770.66</b>

27020300570

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. National Right To Life</b>		Transaction ID: D1315-037s01 Date of Disbursement: 05 / 22 / 2007	
Mailing Address Nric 2007, 512 10th Street NW		Amount of Each Disbursement this Period 300.00	
City Washington	State DC	Zip Code 20004	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Purpose of Disbursement Full Page Ad		Category/Type	
Candidate Name			
Office Sought:	Disbursement For:		
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify): ▼		

Full Name (Last, First, Middle Initial) <b>B. Roberts, Pat</b>		Transaction ID: D1700-00kt2e Date of Disbursement: 05 / 22 / 2007	
Mailing Address 302 Hart Building		Amount of Each Disbursement this Period 265.75	
City Washington	State DC	Zip Code 20510	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Purpose of Disbursement (393)Reimbursement		Category/Type	
Candidate Name Senator Pat Roberts			
Office Sought:	Disbursement For:		
State: DC      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify): ▼		

Full Name (Last, First, Middle Initial) <b>C. Ricco's Woodfired Pizza Pasta</b>		Transaction ID: D2-02xD03 Date of Disbursement: 05 / 22 / 2007	
Mailing Address 11801 College Blve		Amount of Each Disbursement this Period 61.51	
City Overland Park	State KS	Zip Code	<b>MEMO</b> <b>Credit Card Item</b> <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Purpose of Disbursement (393)Meal/Mtg Reimb.		Category/Type	
Candidate Name			
Office Sought:	Disbursement For:		
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify): ▼		

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

565.75  
106336.41

27020300571

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

<p>Full Name (Last, First, Middle Initial)</p> <p><b>A. Roberts, Pat</b></p>			<p>Transaction ID: D3-00kt2f Date of Disbursement: 05 / 22 / 2007</p>		
<p>Mailing Address 302 Hart Building</p>			<p>Amount of Each Disbursement this Period 20.00</p>		
<p>City State Zip Code Washington DC 20510</p>		<p>Purpose of Disbursement (393)Cab fares</p>	<p>Category/Type</p>	<p><b>MEMO</b> See memo entries</p>	
<p>Candidate Name Senator Pat Roberts</p>		<p>Office Sought:</p>	<p>Disbursement For: <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53</p>	
<p>State: DC    District:</p>					
<p>Full Name (Last, First, Middle Initial)</p> <p><b>B. Postmaster-Great Bend</b></p>			<p>Transaction ID: D1447-01771E Date of Disbursement: 05 / 23 / 2007</p>		
<p>Mailing Address</p>			<p>Amount of Each Disbursement this Period 5.77</p>		
<p>City State Zip Code Great Bend KS 67530</p>		<p>Purpose of Disbursement Postage Exp/Certified Fee</p>	<p>Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>		<p>Office Sought:</p>	<p>Disbursement For: <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		
<p>State:    District:</p>					
<p>Full Name (Last, First, Middle Initial)</p> <p><b>C. Shawnee Mission Ford Inc.</b></p>			<p>Transaction ID: D1810-032Y03 Date of Disbursement: 05 / 23 / 2007</p>		
<p>Mailing Address 11501 Shawnee Mission Parkway, P. O. Box 3179</p>			<p>Amount of Each Disbursement this Period 131.47</p>		
<p>City State Zip Code Shawnee KS 66203</p>		<p>Purpose of Disbursement Car Rental-5/17/07</p>	<p>Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>		<p>Office Sought:</p>	<p>Disbursement For: <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		
<p>State:    District:</p>					

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

137.24  
106473.65

27020300572

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Transaction ID: <b>D1027-02MM0K</b>
Mailing Address		Date of Disbursement 05 / 29 / 2007
City <b>Ogden</b>	State <b>UT</b>	Zip Code <b>84201</b>
Purpose of Disbursement <b>941 Tax Deposit</b>	Category/ Type	Amount of Each Disbursement this Period <b>380.94</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>B. Mueller, Molly J.</b>		Transaction ID: <b>D1301-02Wm01</b>
Mailing Address <b>10020 Juniper Lane</b>		Date of Disbursement 05 / 29 / 2007
City <b>Overland Park</b>	State <b>KS</b>	Zip Code <b>66207</b>
Purpose of Disbursement <b>Wages-Bonus Check</b>	Category/ Type	Amount of Each Disbursement this Period <b>1000.00</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>C. U. S. Senate Restaurants</b>		Transaction ID: <b>D2071-02Dz11</b>
Mailing Address <b>Senate Office Bldgs, 1ST &amp; C. Sts N. W.</b>		Date of Disbursement 05 / 29 / 2007
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20510</b>
Purpose of Disbursement <b>Lunch expenses</b>	Category/ Type	Amount of Each Disbursement this Period <b>134.46</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1515.40</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>107989.05</b>

27020300573

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Ust Inc.</b>		Transaction ID: D2082-038001
Mailing Address 655 15th Street NW, Suite 410		Date of Disbursement 05 / 29 / 2007
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Travel-Airline Expense	Category/ Type	Amount of Each Disbursement this Period 3015.80
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For:	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼

Full Name (Last, First, Middle Initial) <b>B. Winfrey &amp; Company</b>		Transaction ID: D2233-02dX19
Mailing Address 228 South Washington Street, Suite B-20		Date of Disbursement 05 / 29 / 2007
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Fundraising Consulting-Jun	Category/ Type	Amount of Each Disbursement this Period 10842.61
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For:	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼

Full Name (Last, First, Middle Initial) <b>C. Gariglietti, Mary E.</b>		Transaction ID: D921-032u0B
Mailing Address 3137 SW Randolph Ave., Apt 207		Date of Disbursement 05 / 30 / 2007
City Topeka	State KS	Zip Code 66611
Purpose of Disbursement Reimb-Cab Fares, Parking	Category/ Type	Amount of Each Disbursement this Period 31.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For:	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼

SUBTOTAL of Disbursements This Page (optional) .....	13889.41
TOTAL This Period (last page this line number only) .....	121878.46

27020300574

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Wong Computing Services Llc**

Mailing Address

2104 West 25th Street, Suite E10

City

Lawrence

State

KS

Zip Code

66047

Purpose of Disbursement

Computer Service-Ram

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D2254-038P01

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

134.13

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Coleman, Jim**

Mailing Address

2702 Scenic Bend

City

Modesto

State

CA

Zip Code

Purpose of Disbursement

\* In-Kind->MacMurray Ranch-Event

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D740-03Gs01

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Gallo, Mary**

Mailing Address

865 Claus Road

City

Modesto

State

CA

Zip Code

95357

Purpose of Disbursement

\* In-Kind->MacMurray Ranch Event

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D910-03Gt01

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

575.00

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

3009.13

TOTAL This Period (last page this line number only) .....

124887.59

27020300575

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Towns, Leroy

Mailing Address

102 Barnhill Place

City

Chapel Hill

State

NC

Zip Code

27514

Purpose of Disbursement

Fundrsng Consulng-June

Candidate Name

Category/ Type
-------------------

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D2005-01111W

Date of Disbursement

M/M	D/D	Y/Y
06	01	2007

Amount of Each Disbursement this Period

1700.00
---------

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Raffaniello, Patrick J.

Mailing Address

1161 Old Gate Court

City

McLean

State

VA

Zip Code

22102

Purpose of Disbursement

\* In-Kind->Ceciles Wine Cellar-Mclea

Candidate Name

Category/ Type
-------------------

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D1614-03A301

Date of Disbursement

M/M	D/D	Y/Y
06	02	2007

Amount of Each Disbursement this Period

500.00
--------

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. At&T

Mailing Address

PO Box 2969

City

Omaha

State

NE

Zip Code

68103

Purpose of Disbursement

Telephone Expense

Candidate Name

Category/ Type
-------------------

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D235-02Kw0D

Date of Disbursement

M/M	D/D	Y/Y
06	05	2007

Amount of Each Disbursement this Period

48.28
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Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

2248.28
---------

TOTAL This Period (last page this line number only) .....

127135.87
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27020300576

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		Transaction ID: <b>D726-031X05</b>
Mailing Address <b>PO Box 6463</b>		Date of Disbursement MM / DD / YYYY <b>06 / 05 / 2007</b>
City <b>Carol Stream</b>	State <b>IL</b>	Zip Code <b>60197</b>
Purpose of Disbursement <b>Telephone Expense</b>	Category/ Type	Amount of Each Disbursement this Period <b>87.67</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>B. Gariglietti, Mary E.</b>		Transaction ID: <b>D920-032u0A</b>
Mailing Address <b>3137 SW Randolph Ave., Apt 207</b>		Date of Disbursement MM / DD / YYYY <b>06 / 05 / 2007</b>
City <b>Topeka</b>	State <b>KS</b>	Zip Code <b>66611</b>
Purpose of Disbursement <b>Wages 05/20/07-06/02/2007</b>	Category/ Type	Amount of Each Disbursement this Period <b>1088.21</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>C. Internal Revenue Service</b>		Transaction ID: <b>D1028-02MMOL</b>
Mailing Address		Date of Disbursement MM / DD / YYYY <b>06 / 05 / 2007</b>
City <b>Ogden</b>	State <b>UT</b>	Zip Code <b>84201</b>
Purpose of Disbursement <b>941 Tax Deposit</b>	Category/ Type	Amount of Each Disbursement this Period <b>907.24</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

SUBTOTAL of Disbursements This Page (optional) .....	<b>2083.12</b>
TOTAL This Period (last page this line number only) .....	<b>129218.99</b>

27020300577

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Transaction ID: <b>D1029-02MM0M</b>
Mailing Address		Date of Disbursement 06 / 05 / 2007
City <b>Ogden</b>	State <b>UT</b>	Zip Code <b>84201</b>
Purpose of Disbursement <b>941 Tax Deposit</b>	Category/Type	Amount of Each Disbursement this Period <b>90.54</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Kansas Income Tax</b>		Transaction ID: <b>D1116-012z0K</b>
Mailing Address <b>Kansas Department Of Revenue, 915 SW Harrison Revenue</b>		Date of Disbursement 06 / 05 / 2007
City <b>Topeka</b>	State <b>KS</b>	Zip Code <b>66625</b>
Purpose of Disbursement <b>KS Corp Est. Tax 2007</b>	Category/Type	Amount of Each Disbursement this Period <b>160.00</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. McMillan, Ashley J.</b>		Transaction ID: <b>D1226-038R01</b>
Mailing Address <b>1832 SW Lincoln</b>		Date of Disbursement 06 / 05 / 2007
City <b>Topeka</b>	State <b>KS</b>	Zip Code <b>66604</b>
Purpose of Disbursement <b>Wages 5/20/07-06/02/07</b>	Category/Type	Amount of Each Disbursement this Period <b>325.33</b>
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	
State:      District:		

SUBTOTAL of Disbursements This Page (optional) ..... **575.87**

TOTAL This Period (last page this line number only) ..... **129794.86**

27020300578

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. McMillan, Ashley J.

Mailing Address

1832 SW Lincoln

City

Topeka

State

KS

Zip Code

66604

Purpose of Disbursement

Reimb.-Mileage, Tolls, Trvl

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary     General

Other (specify): ▼

State:

District:

Transaction ID: D1227-038R02

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

1182.88

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Mueller, Molly J.

Mailing Address

10020 Juniper Lane

City

Overland Park

State

KS

Zip Code

66207

Purpose of Disbursement

Wages-05/20/07-06/02/07

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary     General

Other (specify): ▼

State:

District:

Transaction ID: D1302-02Wm0J

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

1217.40

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. New Media Communications

Mailing Address

3046 Brecksville Road

City

Richfield

State

OH

Zip Code

44286

Purpose of Disbursement

Conference Calling

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary     General

Other (specify): ▼

State:

District:

Transaction ID: D1330-031R07

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

42.33

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

2442.61

TOTAL This Period (last page this line number only) .....

132237.47

27020300579

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address

P. O. Box 660108

City State Zip Code  
Dallas TX 75266

Purpose of Disbursement  
Telephone Expense

Candidate Name

Office Sought:

State:  District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D2139-02Mn1E

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

177.44

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. 500 Kansas Avenue Development Co.**

Mailing Address

P. O. Box 5318

City State Zip Code  
Topeka KS 66605

Purpose of Disbursement  
Rent-June 2007

Candidate Name

Office Sought:

State:  District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D23-02x10M

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

150.00

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. High Plains Publishers**

Mailing Address

P. O. Box 760, 1500 E. Wyatt Earp Blvd

City State Zip Code  
Dodge City KS 67801

Purpose of Disbursement  
Printing Expenses

Candidate Name

Office Sought:

State:  District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D968-011s0v

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

944.92

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

1272.36

133509.83

27020300580

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. New Media Communications**

Mailing Address

3046 Brecksville Road

City

Richfield

State

OH

Zip Code

44286

Purpose of Disbursement

Hosting Site for June '07

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary     General  
 Other (specify): ▼

State:

District:

Transaction ID: D1331-031R08

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

150.00

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Quik Print**

Mailing Address

Printing & Copying, 6300A SW 9TH Terrace

City

Topeka

State

KS

Zip Code

66615

Purpose of Disbursement

Printing-Cards, Invitation

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary     General  
 Other (specify): ▼

State:

District:

Transaction ID: D1608-021L0b

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1423.62

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Ball Consulting Group**

Mailing Address

PO Box 1511

City

Great Bend

State

KS

Zip Code

67530

Purpose of Disbursement

May Services/FEC Report

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary     General  
 Other (specify): ▼

State:

District:

Transaction ID: D291-034d04

Date of Disbursement

06 / 07 / 2007

Amount of Each Disbursement this Period

3367.70

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

4941.32

TOTAL This Period (last page this line number only) .....

138451.15

27020300581

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (in Full)  
**PAT ROBERTS FOR SENATE**

C00128876

Full Name (Last, First, Middle Initial)

**A. Stones, Harold A.**

Mailing Address

59 SW Pepper Tree Lane

City  
Topeka

State  
KS

Zip Code  
66611

Purpose of Disbursement  
Reimb-Meal/Mtg Exp

Candidate Name

Office Sought:

State:   
District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D1878-01Ag0N  
Date of Disbursement

06 / 07 / 2007

Amount of Each Disbursement this Period

71.21

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Bank Of America**

Mailing Address

P. O. Box 37271

City  
Baltimore

State  
MD

Zip Code  
21297

Purpose of Disbursement  
(395)May Payment

Candidate Name

Office Sought:

State:   
District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D463-02w10d  
Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

3568.48

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Cato Travel**

Mailing Address

Senate Russell Bld, 1ST & C. St. NE

City  
Washington

State  
DC

Zip Code  
20510

Purpose of Disbursement  
(395)Travel Expenses

Candidate Name

Office Sought:

State:   
District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D1-02to0M  
Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

140.00

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

3639.69

142090.84

27020300582

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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20c       21

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

**A. Charlie Palmer Steak**  
Full Name (Last, First, Middle Initial)  
Mailing Address: 101 Constitution Ave. NW  
City: Washington      State: DC      Zip Code: 20001  
Purpose of Disbursement: (395)Meal/Mtg Expense  
Candidate Name: \_\_\_\_\_  
Office Sought: \_\_\_\_\_      Disbursement For:  Primary       General  
State: \_\_\_\_\_      District: \_\_\_\_\_      Other (specify): ▼  
Transaction ID: D2-02zf04  
Date of Disbursement: 06 / 12 / 2007  
Amount of Each Disbursement this Period: 174.50  
**MEMO**  
**Credit Card Item**  
 Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B. Expedia Service Fees**  
Full Name (Last, First, Middle Initial)  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_      State: NV      Zip Code: \_\_\_\_\_  
Purpose of Disbursement: (395)Travel Service Fees  
Candidate Name: \_\_\_\_\_  
Office Sought: \_\_\_\_\_      Disbursement For:  Primary       General  
State: \_\_\_\_\_      District: \_\_\_\_\_      Other (specify): ▼  
Transaction ID: D3-038m01  
Date of Disbursement: 06 / 12 / 2007  
Amount of Each Disbursement this Period: 5.00  
**MEMO**  
**Credit Card Item**  
 Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C. Firehook Bakery & Coffeehouse**  
Full Name (Last, First, Middle Initial)  
Mailing Address: 214 N. Fayette Street  
City: Alexandria      State: VA      Zip Code: 22314  
Purpose of Disbursement: (395)Luncheon-Food Exp  
Candidate Name: \_\_\_\_\_  
Office Sought: \_\_\_\_\_      Disbursement For:  Primary       General  
State: \_\_\_\_\_      District: \_\_\_\_\_      Other (specify): ▼  
Transaction ID: D4-02rM05  
Date of Disbursement: 06 / 12 / 2007  
Amount of Each Disbursement this Period: 308.00  
**MEMO**  
**Credit Card Item**  
 Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... 0.00  
TOTAL This Period (last page this line number only) ..... 142090.84

27020300583

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial)

**A. Hertz-Rent-A-Car**

Mailing Address

City **Wichita**      State **KS**      Zip Code **67200**

Purpose of Disbursement  
**(395)Car Rental Expense**

Candidate Name

Office Sought:

Disbursement For:

Primary     General  
 Other (specify): ▼

State:      District:

Transaction ID: **D6-01Jh03**  
Date of Disbursement

**06** / **12** / **2007**

Amount of Each Disbursement this Period

**143.53**

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Hilton Hotels**

Mailing Address

**2098 Airport Road**

City **Wichita**      State **KS**      Zip Code **67209**

Purpose of Disbursement  
**(395)Lodging Expense**

Candidate Name

Office Sought:

Disbursement For:

Primary     General  
 Other (specify): ▼

State:      District:

Transaction ID: **D7-02ug03**  
Date of Disbursement

**06** / **12** / **2007**

Amount of Each Disbursement this Period

**191.48**

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Kansas Originals Mkt**

Mailing Address

**233 Highway 232**

City **Wilson**      State **KS**      Zip Code **67490**

Purpose of Disbursement  
**(395)Thursday Lunch Grp**

Candidate Name

Office Sought:

Disbursement For:

Primary     General  
 Other (specify): ▼

State:      District:

Transaction ID: **D9-02Fu04**  
Date of Disbursement

**06** / **12** / **2007**

Amount of Each Disbursement this Period

**389.70**

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

**0.00**  
**142090.84**

27020300584

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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17  
20a       18  
20b       19a  
20c       21

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Midwest Express Airline**

Mailing Address

6744 S. Howell Ave.

City

Oak Creek

State

WI

Zip Code

53154

Purpose of Disbursement

(395)Airline Tickets

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D11-01dn0Q

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2007

Amount of Each Disbursement this Period

1200.80

MEMO

Credit Card Item

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. New York Pizza**

Mailing Address

1401 Pennsylvania Ave.

City

Washington

State

DC

Zip Code

20003

Purpose of Disbursement

(395)Intern Lunch-Farewel

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D12-037L02

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2007

Amount of Each Disbursement this Period

121.22

MEMO

Credit Card Item

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Red Hot & Blue Restaurant**

Mailing Address

City

Falls Church

State

VA

Zip Code

Purpose of Disbursement

(395)Luncheon Expense

Candidate Name

Category/  
Type

Office Sought:

Disbursement For:

Primary

General

Other (specify): ▼

State:

District:

Transaction ID: D14-038q01

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2007

Amount of Each Disbursement this Period

250.00

MEMO

Credit Card Item

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

142090.84

27020300585

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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20a    20b    20c     21

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Senate Gift Shop**

Mailing Address

Senate Dirksen Bldg, Sdg-42

City

Washington

State

DC

Zip Code

20510

Purpose of Disbursement

(395)Gift Expense

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary

General

Other (specify): ▼

Transaction ID: D15-02Dq1a

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

115.50

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. At&T**

Mailing Address

P. O. Box 630047

City

Dallas

State

TX

Zip Code

75263

Purpose of Disbursement

Telephone Expense

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary

General

Other (specify): ▼

Transaction ID: D282-02zd0C

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

144.33

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Cingular Wireless**

Mailing Address

PO Box 650553

City

Dallas

State

TX

Zip Code

75265

Purpose of Disbursement

Telephone Expense

Candidate Name

Office Sought:

State:

District:

Disbursement For:

Primary

General

Other (specify): ▼

Transaction ID: D718-02LW32

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

321.85

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

466.18  
142557.02

27020300586

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
---	------------------------------------	-------------------------------------	-----------------------------

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		Transaction ID: D719-02LW33 Date of Disbursement
Mailing Address PO Box 650553		MM / DD / YYYY 06 / 15 / 2007
City	State	Zip Code
Dallas	TX	75265
Purpose of Disbursement Telephone Expense		Amount of Each Disbursement this Period 66.48
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For:	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

Full Name (Last, First, Middle Initial) <b>B. Omaha Press Club</b>		Transaction ID: D1393-038s01 Date of Disbursement
Mailing Address 1620 Dodge Street		MM / DD / YYYY 06 / 15 / 2007
City	State	Zip Code
Omaha	NE	68102
Purpose of Disbursement Luncheon-Senator Hagel		Amount of Each Disbursement this Period 406.40
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For:	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

Full Name (Last, First, Middle Initial) <b>C. Pro Print Incorporated</b>		Transaction ID: D1538-01SE0Y Date of Disbursement
Mailing Address 2028 S. W. Gage Boulevard		MM / DD / YYYY 06 / 15 / 2007
City	State	Zip Code
Topeka	KS	66604
Purpose of Disbursement Printing Expenses		Amount of Each Disbursement this Period 2083.32
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For:	
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

SUBTOTAL of Disbursements This Page (optional) .....	2556.20
TOTAL This Period (last page this line number only) .....	145113.22

1900050707

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Roberts, Pat

Mailing Address

302 Hart Building

City

Washington

State

DC

Zip Code

20510

Purpose of Disbursement

Reimb-Tri-Cab/Meals

Candidate Name

Senator Pat Roberts

Office Sought:

Disbursement For:

Primary     General

Other (specify): ▼

State: DC

District:

Transaction ID: D1702-00kt2g

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2007

Amount of Each Disbursement this Period

38.11

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. The Source

Mailing Address

PO Box 2034

City

Topeka

State

KS

Zip Code

66601

Purpose of Disbursement

Postage-Prospect #1 Mail

Candidate Name

Office Sought:

Disbursement For:

Primary     General

Other (specify): ▼

State:

District:

Transaction ID: D1916-038t01

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2007

Amount of Each Disbursement this Period

1092.06

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Thomas, Missy

Mailing Address

Winfrey & Company, 228 South Washington St.

City

Alexandria

State

VA

Zip Code

22314

Purpose of Disbursement

Reimb-Tri,Gas,Airline Tck

Candidate Name

Office Sought:

Disbursement For:

Primary     General

Other (specify): ▼

State:

District:

Transaction ID: D1919-038u01

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2007

Amount of Each Disbursement this Period

648.31

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

1778.48

146891.70

27020300588

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial)		Transaction ID: D358-02GY1j	
<b>A. Bank Of America</b>		Date of Disbursement	
Mailing Address PO Box 15731		MM / DD / YYYY 06 / 19 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period
Wilmington	DE	19886	
Purpose of Disbursement (396)May 2007 Payment		Category/ Type	7509.88
Candidate Name			<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For:		
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

Full Name (Last, First, Middle Initial)		Transaction ID: D1-011D1h	
<b>B. America Online</b>		Date of Disbursement	
Mailing Address 12100 Sunrise Valley Drive		MM / DD / YYYY 06 / 19 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period
Reston	VA	20191	
Purpose of Disbursement (396)Communication Exp		Category/ Type	25.90
Candidate Name			<b>MEMO</b> <b>Credit Card Item</b> <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For:		
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

Full Name (Last, First, Middle Initial)		Transaction ID: D2-02GY1k	
<b>C. Bank Of America</b>		Date of Disbursement	
Mailing Address PO Box 15731		MM / DD / YYYY 06 / 19 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period
Wilmington	DE	19886	
Purpose of Disbursement (396)Annual Membership Fee		Category/ Type	30.00
Candidate Name			<b>MEMO</b> <b>Credit Card Item</b> <input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought:	Disbursement For:		
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

MM / DD / YYYY  
06 / 19 / 2007

7509.88

154401.58

27020300589

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Best Buy #48</b>		Transaction ID: D3-01HE08 Date of Disbursement: 06/19/2007
Mailing Address 1600 SW Wanamaker Road		Amount of Each Disbursement this Period <b>878.88</b>
City: Topeka	State: KS      Zip Code: 66604	
Purpose of Disbursement (396)Eq.-Camcorder		<b>MEMO</b> <b>Credit Card Item</b>
Candidate Name		
Office Sought:	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>B. Cato Travel</b>		Transaction ID: D4-02to0N Date of Disbursement: 06/19/2007
Mailing Address Senate Russell Bld, 1ST & C. St. NE		Amount of Each Disbursement this Period <b>20.00</b>
City: Washington	State: DC      Zip Code: 20510	
Purpose of Disbursement (396)Travel Exp		<b>MEMO</b> <b>Credit Card Item</b>
Candidate Name		
Office Sought:	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>C. Delta Air,</b>		Transaction ID: D5-02uZ03 Date of Disbursement: 06/19/2007
Mailing Address		Amount of Each Disbursement this Period <b>570.61</b>
City: Washington	State: DC      Zip Code:	
Purpose of Disbursement (396)Travel--Staff Ticket		<b>MEMO</b> <b>See memo entries</b>
Candidate Name		
Office Sought:	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>154401.58</b>

27020300590

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Enterprise Leasing Company</b>		Transaction ID: <b>D8-039b01</b>
Mailing Address <b>2299 Airport Road</b>		Date of Disbursement MM/DD/YYYY <b>06/19/2007</b>
City <b>Wichita</b>	State <b>KS</b>	Zip Code <b>67209</b>
Purpose of Disbursement <b>(396)Rental Car</b>		Amount of Each Disbursement this Period <b>28.39</b>
Candidate Name		<b>MEMO</b>
Office Sought: State:      District:		<b>Credit Card Item</b>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Fedex</b>		Transaction ID: <b>D9-01Du1Z</b>
Mailing Address <b>PO Box 1140</b>		Date of Disbursement MM/DD/YYYY <b>06/19/2007</b>
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38101</b>
Purpose of Disbursement <b>(396)Shipping Expenses</b>		Amount of Each Disbursement this Period <b>404.14</b>
Candidate Name		<b>MEMO</b>
Office Sought: State:      District:		<b>Credit Card Item</b>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Fedex</b>		Transaction ID: <b>D10-01Du1a</b>
Mailing Address <b>PO Box 1140</b>		Date of Disbursement MM/DD/YYYY <b>06/19/2007</b>
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38101</b>
Purpose of Disbursement <b>(396)Shipping Expense</b>		Amount of Each Disbursement this Period <b>54.39</b>
Candidate Name		<b>MEMO</b>
Office Sought: State:      District:		<b>Credit Card Item</b>
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....	<b>0.00</b>
TOTAL This Period (last page this line number only) .....	<b>154401.58</b>

27020300591

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

**A. Hilton Hotels**

Full Name (Last, First, Middle Initial)  
Mailing Address  
2098 Airport Road

City: Wichita    State: KS    Zip Code: 67209

Purpose of Disbursement  
(396)Lodging-Staff

Candidate Name

Office Sought:    Disbursement For:  
 Primary     General  
 Other (specify): ▼

State:    District:

Transaction ID: D11-02ug04  
Date of Disbursement: 06 / 19 / 2007

Amount of Each Disbursement this Period  
146.16

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B. Hotels**

Full Name (Last, First, Middle Initial)  
Mailing Address  
Internet

City:    State:    Zip Code:

Purpose of Disbursement  
(396)Staff Lodging

Candidate Name

Office Sought:    Disbursement For:  
 Primary     General  
 Other (specify): ▼

State:    District:

Transaction ID: D13-039f01  
Date of Disbursement: 06 / 19 / 2007

Amount of Each Disbursement this Period  
785.07

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C. Laloma Restaurant**

Full Name (Last, First, Middle Initial)  
Mailing Address  
316 Massachusetts Ave. N.

City: Washington    State: DC    Zip Code: 20002

Purpose of Disbursement  
(396)Intern Luncheon

Candidate Name

Office Sought:    Disbursement For:  
 Primary     General  
 Other (specify): ▼

State:    District:

Transaction ID: D16-02th0A  
Date of Disbursement: 06 / 19 / 2007

Amount of Each Disbursement this Period  
105.05

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....▶

TOTAL This Period (last page this line number only) .....▶

0.00

154401.58

27020300592

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial) <b>A. Monocle On Capitol Hill</b>		Transaction ID: D18-02Fm0d Date of Disbursement: 06 / 19 / 2007	
Mailing Address 107 D. St. NE		Amount of Each Disbursement this Period 55.30	
City Washington	State DC	Zip Code 20002	MEMO Credit Card Item
Purpose of Disbursement (396) Campaign Lunch		Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Office Sought:	Disbursement For:		
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

Full Name (Last, First, Middle Initial) <b>B. Postmaster-Topeka</b>		Transaction ID: D20-01H20b Date of Disbursement: 06 / 19 / 2007	
Mailing Address Gage Center Station		Amount of Each Disbursement this Period 3175.00	
City Topeka	State KS	Zip Code 66604	MEMO Credit Card Item
Purpose of Disbursement (396) Postage Expense		Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Office Sought:	Disbursement For:		
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

Full Name (Last, First, Middle Initial) <b>C. Postmaster</b>		Transaction ID: D21-02Jr0u Date of Disbursement: 06 / 19 / 2007	
Mailing Address Topeka Main PO		Amount of Each Disbursement this Period 4.52	
City Topeka	State KS	Zip Code 66603	MEMO Credit Card Item
Purpose of Disbursement (396) Postage Expense		Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Office Sought:	Disbursement For:		
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

SUBTOTAL of Disbursements This Page (optional) .....	0.00
TOTAL This Period (last page this line number only) .....	154401.58

27020300593

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Postmaster</b>		Transaction ID: D22-02vA04 Date of Disbursement: 06/19/2007	
Mailing Address Parkfairfax Station		Amount of Each Disbursement this Period 3.46	
City Alexandria	State VA		
Purpose of Disbursement (396)Postage Expense		MEMO Credit Card Item	
Candidate Name			
Office Sought:	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		Transaction ID: D23-039U01 Date of Disbursement: 06/19/2007	
Mailing Address		Amount of Each Disbursement this Period 340.00	
City Burlington	State KS		
Purpose of Disbursement (396)Postage Expense		MEMO Credit Card Item	
Candidate Name			
Office Sought:	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

Full Name (Last, First, Middle Initial) <b>C. Public Storage #23212</b>		Transaction ID: D27-02t70t Date of Disbursement: 06/19/2007	
Mailing Address		Amount of Each Disbursement this Period 64.00	
City Topeka	State KS		
Purpose of Disbursement (396)Storage Expense		MEMO Credit Card Item	
Candidate Name			
Office Sought:	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

SUBTOTAL of Disbursements This Page (optional) .....	0.00
TOTAL This Period (last page this line number only) .....	154401.58

27020300594

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

**A. Sprintpcs**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**PO Box 219554**

City **Kansas City** State **MO** Zip Code **64121**

Purpose of Disbursement  
**(396)Telephone Expense**

Candidate Name

Office Sought: State: District:

Disbursement For:  
 Primary  General  
 Other (specify): ▼

Transaction ID: **D29-02yF0J**  
Date of Disbursement: **06 / 19 / 2007**

Amount of Each Disbursement this Period  
**99.37**

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B. Staples**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**3301 Jefferson Davis Hwy**

City **Alexandria** State **VA** Zip Code **22314**

Purpose of Disbursement  
**(396)Paper/Printer Supp.**

Candidate Name

Office Sought: State: District:

Disbursement For:  
 Primary  General  
 Other (specify): ▼

Transaction ID: **D30-02Xv03**  
Date of Disbursement: **06 / 19 / 2007**

Amount of Each Disbursement this Period  
**100.10**

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C. Walmart**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**1501 S. W. Wanamaker Road**

City **Topeka** State **KS** Zip Code **66604**

Purpose of Disbursement  
**(396)Supplies Expense**

Candidate Name

Office Sought: State: District:

Disbursement For:  
 Primary  General  
 Other (specify): ▼

Transaction ID: **D31-01SL0H**  
Date of Disbursement: **06 / 19 / 2007**

Amount of Each Disbursement this Period  
**26.80**

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... **0.00**

**TOTAL** This Period (last page this line number only) ..... **154401.58**

27020300595

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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20c     21

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Gariglietti, Mary E.**

Mailing Address

3137 SW Randolph Ave., Apt 207

City

Topeka

State

KS

Zip Code

66611

Purpose of Disbursement

Wages-06/03/07-06/16/07

Candidate Name

Category/  
Type

Office Sought:

State:  District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D922-032u0C

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1088.22

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address

City

Ogden

State

UT

Zip Code

84201

Purpose of Disbursement

941 Payroll Tax Deposit

Candidate Name

Category/  
Type

Office Sought:

State:  District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D1030-02MM0N

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1213.70

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. McKellar Group Inc.**

Mailing Address

523 Grand Boulevard, Suite 1D

City

Kansas City

State

MO

Zip Code

64106

Purpose of Disbursement

May-Fundraising Consulting

Candidate Name

Category/  
Type

Office Sought:

State:  District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D1225-036v03

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

4000.00

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

6301.92

TOTAL This Period (last page this line number only) .....

160703.50

27020300596



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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20a     18  
20b     19a  
20c     21

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

**A. Clark Consulting**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
Attn: Mary Ellen Jamison, 101 Constitution Ave. N. W.  
City: Washington      State: DC      Zip Code: 20001  
Purpose of Disbursement: Food, Eq, Staff, Sales Tx, De  
Candidate Name: \_\_\_\_\_  
Office Sought: \_\_\_\_\_  
State: \_\_\_\_\_ District: \_\_\_\_\_  
Disbursement For:  Primary     General  
 Other (specify): ▼  
Transaction ID: D735-03Ax01  
Date of Disbursement: 06 / 22 / 2007  
Amount of Each Disbursement this Period: 2016.33  
 Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B. Gariglietti, Mary E.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
3137 SW Randolph Ave., Apt 207  
City: Topeka      State: KS      Zip Code: 66611  
Purpose of Disbursement: Reimb-Parking, Postage  
Candidate Name: \_\_\_\_\_  
Office Sought: \_\_\_\_\_  
State: \_\_\_\_\_ District: \_\_\_\_\_  
Disbursement For:  Primary     General  
 Other (specify): ▼  
Transaction ID: D923-032u0D  
Date of Disbursement: 06 / 22 / 2007  
Amount of Each Disbursement this Period: 71.31  
 Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C. Hallbrook Country Club**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
11200 Overbrook Road  
City: Leawood      State: KS      Zip Code: 66207  
Purpose of Disbursement: Buffets for Fundraiser  
Candidate Name: \_\_\_\_\_  
Office Sought: \_\_\_\_\_  
State: \_\_\_\_\_ District: \_\_\_\_\_  
Disbursement For:  Primary     General  
 Other (specify): ▼  
Transaction ID: D943-02LT02  
Date of Disbursement: 06 / 22 / 2007  
Amount of Each Disbursement this Period: 489.55  
 Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....▶▶▶ 2577.19  
TOTAL This Period (last page this line number only) .....▶▶▶ 165486.27

27020300598

**SCHEDULE B (FEC Form 3)  
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Use separate schedule(s)  
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. McMillan, Ashley J.</b>		Transaction ID: D1229-038R04 Date of Disbursement:	
Mailing Address 1832 SW Lincoln		06 / 22 / 2007	
City Topeka	State KS	Amount of Each Disbursement this Period 233.10	
Purpose of Disbursement Reimb-Mileage/Tolls		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Candidate Name		Category/Type	
Office Sought:	Disbursement For:		
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

Full Name (Last, First, Middle Initial) <b>B. Mueller, Molly J.</b>		Transaction ID: D1305-02Wm0N Date of Disbursement:	
Mailing Address 10020 Juniper Lane		06 / 22 / 2007	
City Overland Park	State KS	Amount of Each Disbursement this Period 812.56	
Purpose of Disbursement Reimb-Mileage, Tolls, Food		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Candidate Name		Category/Type	
Office Sought:	Disbursement For:		
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

Full Name (Last, First, Middle Initial) <b>C. Postmaster</b>		Transaction ID: D1494-02Jr0v Date of Disbursement:	
Mailing Address Topeka Main PO		06 / 22 / 2007	
City Topeka	State KS	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Business Reply Mail		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Candidate Name		Category/Type	
Office Sought:	Disbursement For:		
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		

SUBTOTAL of Disbursements This Page (optional) .....	1295.66
TOTAL This Period (last page this line number only) .....	166781.93

27020300599

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Shawnee Mission Ford Inc.**

Mailing Address

11501 Shawnee Mission Parkway, P. O. Box 3179

City

Shawnee

State

KS

Zip Code

66203

Purpose of Disbursement

Car Rental 6/14/07

Candidate Name

Category/  
Type

Office Sought:

State:  District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D1811-032Y04

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

311.94

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. State Farm Fire And Casualty Company**

Mailing Address

Insurance Support Center, P. O. Box 53981

City

Phoenix

State

AZ

Zip Code

85072

Purpose of Disbursement

General Liability Insuran

Candidate Name

Category/  
Type

Office Sought:

State:  District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D1860-02rE06

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

325.00

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Topeka Country Club**

Mailing Address

2700 SW Buchanan

City

Topeka

State

KS

Zip Code

66611

Purpose of Disbursement

Meeting/Food Expense

Candidate Name

Category/  
Type

Office Sought:

State:  District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D1949-02Gn0Q

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

108.37

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

745.31

TOTAL This Period (last page this line number only) .....

167527.24

27020300600

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

**A. Citibank**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address  
PO Box 6406

City State Zip Code  
The Lakes NV 88901

Purpose of Disbursement  
Fuel-Shell-Olathe, KS

Candidate Name \_\_\_\_\_

Office Sought: \_\_\_\_\_

Disbursement For:  
 Primary     General  
 Other (specify): ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Transaction ID: D734-02vm08  
Date of Disbursement: 06 / 25 / 2007

Amount of Each Disbursement this Period: 44.16

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B. Cook, Jennifer**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address  
3210 Valley Drive

City State Zip Code  
Alexandria VA 22302

Purpose of Disbursement  
Reimb-Airfare, Car, Trvl Ex

Candidate Name \_\_\_\_\_

Office Sought: \_\_\_\_\_

Disbursement For:  
 Primary     General  
 Other (specify): ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Transaction ID: D748-01JT0J  
Date of Disbursement: 06 / 25 / 2007

Amount of Each Disbursement this Period: 661.27

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C. Gariglietti, Mary E.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address  
3137 SW Randolph Ave., Apt 207

City State Zip Code  
Topeka KS 66611

Purpose of Disbursement  
Reimb-Mileage Exp

Candidate Name \_\_\_\_\_

Office Sought: \_\_\_\_\_

Disbursement For:  
 Primary     General  
 Other (specify): ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Transaction ID: D924-032u0E  
Date of Disbursement: 06 / 25 / 2007

Amount of Each Disbursement this Period: 96.03

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ➔ 801.46

**TOTAL** This Period (last page this line number only) ..... ➔ 168328.70

27020300601

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (in Full) <b>PAT ROBERTS FOR SENATE</b>	<b>C00128876</b>
--	------------------

Full Name (Last, First, Middle Initial) <b>A. Comm For Advancement Of Cotton</b>		Transaction ID: <b>D742-000n01</b>
Mailing Address <b>P. O. Box 820292</b>		Date of Disbursement <b>06 / 27 / 2007</b>
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38182</b>
Purpose of Disbursement <b>* In-Kind-&gt;Slates Rest-Fundraiser</b>	Category/ Type	Amount of Each Disbursement this Period <b>3012.42</b>
Candidate Name		
Office Sought:	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

27020300602

SUBTOTAL of Disbursements This Page (optional) .....	<b>3012.42</b>
TOTAL This Period (last page this line number only) .....	<b>171341.12</b>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial)  
**A. Alexandria Yellow Cab**

Mailing Address

City **Alexandria**      State **VA**      Zip Code

Purpose of Disbursement  
**(389)Cab to Airport-Staff**

Candidate Name

Office Sought:      Disbursement For:  
       Primary       General  
       Other (specify): ▼

State:      District:

Transaction ID: **D1-034g01**  
Date of Disbursement: **04 / 01 / 2007**

**04 / 01 / 2007**

Amount of Each Disbursement this Period

**22.05**

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
**B. Amoco Oil**

Mailing Address

City **Overland Park**      State **KS**      Zip Code

Purpose of Disbursement  
**(389)Fuel Expense**

Candidate Name

Office Sought:      Disbursement For:  
 Primary       General  
 Other (specify): ▼

State:      District:

Transaction ID: **D3-034i01**  
Date of Disbursement: **04 / 01 / 2007**

**04 / 01 / 2007**

Amount of Each Disbursement this Period

**41.40**

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
**C. Amoco Oil**

Mailing Address

City **Leawood**      State **KS**      Zip Code

Purpose of Disbursement  
**(389)Fuel Expense**

Candidate Name

Office Sought:      Disbursement For:  
 Primary       General  
 Other (specify): ▼

State:      District:

Transaction ID: **D4-034m01**  
Date of Disbursement: **04 / 01 / 2007**

**04 / 01 / 2007**

Amount of Each Disbursement this Period

**14.85**

**MEMO**

**Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....▶

TOTAL This Period (last page this line number only) .....▶

**0**  
**0**

27020300603

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (in Full) <b>PAT ROBERTS FOR SENATE</b>	<b>C00128876</b>
--	------------------

Full Name (Last, First, Middle Initial) <b>A. Einstein Bros Bagels</b>		Transaction ID: <b>D7-034o01</b>
Mailing Address <b>Store #0749</b>		Date of Disbursement MM / DD / YYYY <b>04 / 01 / 2007</b>
City <b>Overland Park</b>	State <b>KS</b>	Zip Code
Purpose of Disbursement <b>(389)Meal Expense-Staff</b>	Category/ Type	Amount of Each Disbursement this Period <b>7.19</b>
Candidate Name		<b>MEMO</b>
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	<b>Credit Card Item</b>
State: District:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Fastlane</b>		Transaction ID: <b>D9-034f01</b>
Mailing Address <b>Crescent 4172, 512 SW Topeka Blvd</b>		Date of Disbursement MM / DD / YYYY <b>04 / 01 / 2007</b>
City <b>Topeka</b>	State <b>KS</b>	Zip Code <b>66600</b>
Purpose of Disbursement <b>(389)Fuel Expense</b>	Category/ Type	Amount of Each Disbursement this Period <b>8.40</b>
Candidate Name		<b>MEMO</b>
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	<b>Credit Card Item</b>
State: District:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Grand Prairie Hotel</b>		Transaction ID: <b>D13-034h01</b>
Mailing Address <b>1400 North Lorraine</b>		Date of Disbursement MM / DD / YYYY <b>04 / 01 / 2007</b>
City <b>Hutchinson</b>	State <b>KS</b>	Zip Code <b>67501</b>
Purpose of Disbursement <b>(389)Lodging Exp</b>	Category/ Type	Amount of Each Disbursement this Period <b>76.41</b>
Candidate Name		<b>MEMO</b>
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	<b>Credit Card Item</b>
State: District:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>0</b>

27020300604

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

A. Houlihan's

Mailing Address

1400 N. Lorraine St.

City

Hutchinson

State

KS

Zip Code

67501

Purpose of Disbursement

(389)Meal Expense

Candidate Name

Category/  
Type

Office Sought:

State:

District:

Disbursement For:

Primary

General

Other (specify): ▼

Transaction ID: D14-034e01

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

24.54

MEMO

Credit Card Item

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Houlihan's

Mailing Address

11600 W. 95th Street

City

Overland Park

State

KS

Zip Code

66214

Purpose of Disbursement

(389)Campaign Lunch-Staff

Candidate Name

Category/  
Type

Office Sought:

State:

District:

Disbursement For:

Primary

General

Other (specify): ▼

Transaction ID: D15-034n01

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

49.45

MEMO

Credit Card Item

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Independence Coastal Mart

Mailing Address

City

Independence

State

KS

Zip Code

Purpose of Disbursement

(389)Fuel Expense

Candidate Name

Category/  
Type

Office Sought:

State:

District:

Disbursement For:

Primary

General

Other (specify): ▼

Transaction ID: D16-034j01

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2007

Amount of Each Disbursement this Period

35.55

MEMO

Credit Card Item

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

0  
0

27020300605

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Kwik Shop #0774</b>		Transaction ID: D23-030w02 Date of Disbursement: 04 / 01 / 2007	
Mailing Address 1401 E. 17th Street		Amount of Each Disbursement this Period 43.01	
City Hutchinson	State KS	Category/Type MEMO Credit Card Item	
Purpose of Disbursement (389)Travel-Fuel Expense		Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Candidate Name		<input type="checkbox"/>	
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
State:      District:			

Full Name (Last, First, Middle Initial) <b>B. Officemax #459</b>		Transaction ID: D28-02wP02 Date of Disbursement: 04 / 01 / 2007	
Mailing Address 2109 S. W. Fairlawn Plaza		Amount of Each Disbursement this Period 27.92	
City Topeka	State KS	Category/Type MEMO Credit Card Item	
Purpose of Disbursement (389)Office supplies		Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Candidate Name		<input type="checkbox"/>	
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
State:      District:			

Full Name (Last, First, Middle Initial) <b>C. Pei Wei</b>		Transaction ID: D29-034I01 Date of Disbursement: 04 / 01 / 2007	
Mailing Address 15141 West 119TH Street		Amount of Each Disbursement this Period 17.24	
City Olathe	State KS	Category/Type MEMO Credit Card Item	
Purpose of Disbursement (389)Food/Meal Expense		Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Candidate Name		<input type="checkbox"/>	
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
State:      District:			

SUBTOTAL of Disbursements This Page (optional) .....	0
TOTAL This Period (last page this line number only) .....	0

27020300606

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Pei Wei</b>		Transaction ID: D30-034102	
Mailing Address 15141 West 119TH Street		Date of Disbursement MM / DD / YYYY 04 / 01 / 2007	
City Olathe	State KS	Zip Code 66062	Amount of Each Disbursement this Period 8.49
Purpose of Disbursement (389)Meal Expense	Candidate Name		<b>MEMO</b> <b>Credit Card Item</b>
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		Transaction ID: D31-02ET02	
Mailing Address Prairie Village Branch		Date of Disbursement MM / DD / YYYY 04 / 01 / 2007	
City Shawnee Mission	State KS	Zip Code 66208	Amount of Each Disbursement this Period 51.44
Purpose of Disbursement (389)Postage Expense	Candidate Name		<b>MEMO</b> <b>Credit Card Item</b>
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. U. S. Toy Co. Inc.</b>		Transaction ID: D41-034p01	
Mailing Address 2008 W. 103RD Terrace		Date of Disbursement MM / DD / YYYY 04 / 01 / 2007	
City Leawood	State KS	Zip Code 66206	Amount of Each Disbursement this Period 10.64
Purpose of Disbursement (389)Flags for Fundraiser	Candidate Name		<b>MEMO</b> <b>Credit Card Item</b>
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State:	District:		

**SUBTOTAL** of Disbursements This Page (optional) ..... ➔ 0

**TOTAL** This Period (last page this line number only) ..... ➔ 0

27020300607

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Yia Yia's</b>			Transaction ID: D43-034k01 Date of Disbursement: 04 / 01 / 2007		
Mailing Address 4701 West 119TH Street			Amount of Each Disbursement this Period <b>114.96</b>		
City	State	Zip Code			
Overland Park	KS	66209	<b>MEMO</b> <b>Credit Card Item</b>		
Purpose of Disbursement (389)Dinner Expense		Category/ Type			
Candidate Name			<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53		
Office Sought:	Disbursement For:				
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼				

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>			Transaction ID: D1460-02ES03 Date of Disbursement: 04 / 12 / 2007		
Mailing Address Wichita Downtown Station			Amount of Each Disbursement this Period <b>41.00</b>		
City	State	Zip Code			
Wichita	KS	67202	<b>MEMO</b> <b>Credit Card Item</b>		
Purpose of Disbursement Postage Expense		Category/ Type			
Candidate Name			<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53		
Office Sought:	Disbursement For:				
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼				

Full Name (Last, First, Middle Initial) <b>C. Michaels #5803</b>			Transaction ID: D6-037F01 Date of Disbursement: 04 / 17 / 2007		
Mailing Address			Amount of Each Disbursement this Period <b>50.42</b>		
City	State	Zip Code			
Alexandria	VA		<b>MEMO</b> <b>Credit Card Item</b>		
Purpose of Disbursement (390)Supplies Expense		Category/ Type			
Candidate Name			<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53		
Office Sought:	Disbursement For:				
State:      District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼				

SUBTOTAL of Disbursements This Page (optional) .....	<b>41.00</b>
TOTAL This Period (last page this line number only) .....	<b>41.00</b>

27020300608

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (in Full) <b>PAT ROBERTS FOR SENATE</b>	<b>C00128876</b>
--	------------------

Full Name (Last, First, Middle Initial) <b>A. Party Depot #4</b>		Transaction ID: <b>D9-037H01</b>
Mailing Address <b>6700-9 Richmond Hwy</b>		Date of Disbursement MM / DD / YYYY <b>04 / 17 / 2007</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22306</b>
Purpose of Disbursement <b>(390)Supplies Expense</b>	Category/ Type	Amount of Each Disbursement this Period <b>7.48</b>
Candidate Name		<b>MEMO</b>
Office Sought:	Disbursement For:	<b>Credit Card Item</b>
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Ruby Tuesday 7270</b>		Transaction ID: <b>D11-037I01</b>
Mailing Address		Date of Disbursement MM / DD / YYYY <b>04 / 17 / 2007</b>
City <b>Topeka</b>	State <b>KS</b>	Zip Code
Purpose of Disbursement <b>(390)Meal/Food Expense</b>	Category/ Type	Amount of Each Disbursement this Period <b>38.52</b>
Candidate Name		<b>MEMO</b>
Office Sought:	Disbursement For:	<b>Credit Card Item</b>
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Texaco Inc.</b>		Transaction ID: <b>D13-02EC07</b>
Mailing Address		Date of Disbursement MM / DD / YYYY <b>04 / 17 / 2007</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code
Purpose of Disbursement <b>(390)Travel-Fuel Exp</b>	Category/ Type	Amount of Each Disbursement this Period <b>30.59</b>
Candidate Name		<b>MEMO</b>
Office Sought:	Disbursement For:	<b>Credit Card Item</b>
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....	<b>0.00</b>
TOTAL This Period (last page this line number only) .....	<b>41.00</b>

27020300609

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent-A-Car</b>		Transaction ID: <b>D3-037M01</b>
Mailing Address <b>11942 W. 95th Street</b>		Date of Disbursement MM / DD / YYYY <b>04 / 18 / 2007</b>
City <b>Lenexa</b>	State <b>KS</b>	Zip Code <b>66215</b>
Purpose of Disbursement <b>(391)Car Rental</b>	Category/ Type	Amount of Each Disbursement this Period <b>166.47</b>
Candidate Name		<b>MEMO</b>
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Credit Card Item</b>
State: District:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Hmshost</b>		Transaction ID: <b>D8-02vY04</b>
Mailing Address <b>Home Turf, Kansas City Airport</b>		Date of Disbursement MM / DD / YYYY <b>04 / 18 / 2007</b>
City <b>Kansas City</b>	State <b>MO</b>	Zip Code
Purpose of Disbursement <b>(391)Campaign Dinner</b>	Category/ Type	Amount of Each Disbursement this Period <b>17.32</b>
Candidate Name		<b>MEMO</b>
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Credit Card Item</b>
State: District:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Kci Parking</b>		Transaction ID: <b>D10-037Q01</b>
Mailing Address <b>Location Econ7</b>		Date of Disbursement MM / DD / YYYY <b>04 / 18 / 2007</b>
City <b>Kansas City</b>	State <b>MO</b>	Zip Code <b>64153</b>
Purpose of Disbursement <b>(391)Parking Expense</b>	Category/ Type	Amount of Each Disbursement this Period <b>11.00</b>
Candidate Name		<b>MEMO</b>
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Credit Card Item</b>
State: District:		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>41.00</b>

27020300610



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Rustico Restaurant**

Mailing Address

827 Slaters Ln

City

Alexandria

State

VA

Zip Code

22314

Purpose of Disbursement  
(391)Campaign Lunch

Candidate Name

Category/ Type
-------------------

Office Sought:


Disbursement For:

Primary  General  
 Other (specify): ▼

State:

District:

Transaction ID: D21-037K01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2007

Amount of Each Disbursement this Period

	65.15
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MEMO

Credit Card Item

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Seagar's**

Mailing Address

At The Hilton Old Town Alexandria, 1767 King Street

City

Alexandria

State

VA

Zip Code

22314

Purpose of Disbursement  
(391)Campaign Breakfast

Candidate Name

Category/ Type
-------------------

Office Sought:


Disbursement For:

Primary  General  
 Other (specify): ▼

State:

District:

Transaction ID: D22-031K05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2007

Amount of Each Disbursement this Period

	74.77
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MEMO

Credit Card Item

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. South Austin Grill**

Mailing Address

601 King Street

City

Alexandria

State

VA

Zip Code

22314

Purpose of Disbursement  
(391)Meal Mtg Exp

Candidate Name

Category/ Type
-------------------

Office Sought:


Disbursement For:

Primary  General  
 Other (specify): ▼

State:

District:

Transaction ID: D25-037J01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2007

Amount of Each Disbursement this Period

	106.56
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MEMO

Credit Card Item

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

	0.00
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TOTAL This Period (last page this line number only) .....

	41.00
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27020300612

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

**A. Yellow Cab**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

City **Alexandria**      State **VA**      Zip Code \_\_\_\_\_

Purpose of Disbursement (391) Cab to airport-Trvl

Candidate Name \_\_\_\_\_

Office Sought: \_\_\_\_\_      Disbursement For:  Primary     General  
 Other (specify): ▼

State: \_\_\_\_\_      District: \_\_\_\_\_

Transaction ID: D30-02yl02  
Date of Disbursement: 04 / 18 / 2007

Amount of Each Disbursement this Period: 22.45

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B. Capitol Special Function**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

City **Washington**      State **DC**      Zip Code \_\_\_\_\_

Purpose of Disbursement (392) Hosting Expense

Candidate Name \_\_\_\_\_

Office Sought: \_\_\_\_\_      Disbursement For:  Primary     General  
 Other (specify): ▼

State: \_\_\_\_\_      District: \_\_\_\_\_

Transaction ID: D1-037p01  
Date of Disbursement: 05 / 16 / 2007

Amount of Each Disbursement this Period: 138.40

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C. Hilton Garden Inn**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

City **Savannah**      State **GA**      Zip Code \_\_\_\_\_

Purpose of Disbursement (392) Lodging Expense

Candidate Name \_\_\_\_\_

Office Sought: \_\_\_\_\_      Disbursement For:  Primary     General  
 Other (specify): ▼

State: \_\_\_\_\_      District: \_\_\_\_\_

Transaction ID: D4-037r01  
Date of Disbursement: 05 / 16 / 2007

Amount of Each Disbursement this Period: 171.75

**MEMO**  
**Credit Card Item**

Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ➔ 0.00

**TOTAL** This Period (last page this line number only) ..... ➔ 41.00

27020300613

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (in Full) <b>PAT ROBERTS FOR SENATE</b>	C00128876
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Full Name (Last, First, Middle Initial) <b>A. Factory Card Outlet #520</b>		Transaction ID: D4-02rL08
Mailing Address 2325 H. Forest Drive		Date of Disbursement 05 / 22 / 2007
City Annapolis	State MD	Zip Code 21401
Purpose of Disbursement (394)Luncheon Supplies	Category/ Type	Amount of Each Disbursement this Period 30.98
Candidate Name		<b>MEMO</b> <b>Credit Card Item</b>
Office Sought:	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>B. McAfee Com</b>		Transaction ID: D8-038N01
Mailing Address		Date of Disbursement 05 / 22 / 2007
City Annapolis	State CA	Zip Code
Purpose of Disbursement (394)Anti-virus software	Category/ Type	Amount of Each Disbursement this Period 73.70
Candidate Name		<b>MEMO</b> <b>Credit Card Item</b>
Office Sought:	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>C. Michaels Store #8811</b>		Transaction ID: D9-02pk03
Mailing Address 2309 B. Forest Drive		Date of Disbursement 05 / 22 / 2007
City Annapolis	State MD	Zip Code 21401
Purpose of Disbursement (394)Thursday Lunch Grp	Category/ Type	Amount of Each Disbursement this Period 36.94
Candidate Name		<b>MEMO</b> <b>Credit Card Item</b>
Office Sought:	Disbursement For:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

SUBTOTAL of Disbursements This Page (optional) .....	0.00
TOTAL This Period (last page this line number only) .....	41.00

27020300614

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE** C00128876

Full Name (Last, First, Middle Initial) <b>A. Paper Vision</b>		Transaction ID: D11-038K01
Mailing Address		Date of Disbursement 05 / 22 / 2007
City <b>Santa Cruz</b>	State <b>CA</b>	Amount of Each Disbursement this Period 6.73
Purpose of Disbursement <b>(394)Supplies Expense</b>	Category/ Type	<b>MEMO</b>
Candidate Name	Office Sought:	<b>Credit Card Item</b>
State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		Transaction ID: D13-038I01
Mailing Address <b>Jefferson Manor Post Office</b>		Date of Disbursement 05 / 22 / 2007
City <b>Alexandria</b>	State <b>VA</b>	Amount of Each Disbursement this Period 18.99
Purpose of Disbursement <b>(394)Postage-Campaign</b>	Category/ Type	<b>MEMO</b>
Candidate Name	Office Sought:	<b>Credit Card Item</b>
State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Quintons Bar And Del</b>		Transaction ID: D15-038M01
Mailing Address <b>615 Massachusetts</b>		Date of Disbursement 05 / 22 / 2007
City <b>Lawrence</b>	State <b>KS</b>	Amount of Each Disbursement this Period 32.49
Purpose of Disbursement <b>(394)Staff-Mtg Expense</b>	Category/ Type	<b>MEMO</b>
Candidate Name	Office Sought:	<b>Credit Card Item</b>
State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	41.00

27020300615

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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17  
20a       18  
20b       19a  
20c       21

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Springfield Yellow Cab</b>		Transaction ID: D17-038H01
Mailing Address		Date of Disbursement 05 / 22 / 2007
City Springfield	State VA	Zip Code
Purpose of Disbursement (394)Cab Fare-staff	Category/ Type	Amount of Each Disbursement this Period 25.25
Candidate Name		<b>MEMO</b> <b>Credit Card Item</b>
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. The Classic Bean</b>		Transaction ID: D21-038L01
Mailing Address 722 S. Kansas		Date of Disbursement 05 / 22 / 2007
City Topeka	State KS	Zip Code 66603
Purpose of Disbursement (394)Food Exp-Staff	Category/ Type	Amount of Each Disbursement this Period 9.86
Candidate Name		<b>MEMO</b> <b>Credit Card Item</b>
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Zoccolis Deli Inc.</b>		Transaction ID: D22-038J01
Mailing Address		Date of Disbursement 05 / 22 / 2007
City Santa Cruz	State CA	Zip Code
Purpose of Disbursement (394)Food Expense	Category/ Type	Amount of Each Disbursement this Period 15.18
Candidate Name		<b>MEMO</b> <b>Credit Card Item</b>
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

0.00  
41.00

27020300616

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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17 20a     18 20b     19a 20c     21

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial)

**A. Missourians For Kit Bond**

Mailing Address  
28 N. 8TH Street, Suite 301

City State Zip Code  
Columbia MO 65201

Purpose of Disbursement  
List Purchase

Candidate Name

Office Sought:      State:      District:

Disbursement For:  
 Primary     General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D1260-037t01  
Date of Disbursement: 05 / 22 / 2007

Amount of Each Disbursement this Period

127.88

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

**B. Hilton St. Louis Downtown**

Mailing Address  
400 Olive Street

City State Zip Code  
Saint Louis MO 63102

Purpose of Disbursement  
(393)Lodging Reimb.

Candidate Name

Office Sought:      State:      District:

Disbursement For:  
 Primary     General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D1-037u01  
Date of Disbursement: 05 / 22 / 2007

Amount of Each Disbursement this Period

184.24

**MEMO  
Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

**C. Harris Teeter**

Mailing Address  
Store #0133, 4641 Duke Street

City State Zip Code  
Alexandria VA

Purpose of Disbursement  
(395)Food Exp-Reception

Candidate Name

Office Sought:      State:      District:

Disbursement For:  
 Primary     General  
 Other (specify): ▼

Category/  
Type

Transaction ID: D5-038r01  
Date of Disbursement: 06 / 12 / 2007

Amount of Each Disbursement this Period

61.91

**MEMO  
Credit Card Item**

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ➔

TOTAL This Period (last page this line number only) ..... ➔

127.88

168.88

27020300617

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 21

17 20a     18 20b     19a 20c     21

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

**A. Kamp's Flowers**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
8709 E. 63rd Street  
City: Kansas City    State: MO    Zip Code: 64133  
Purpose of Disbursement (395)Flower Expense  
Candidate Name  
Office Sought:    Disbursement For:  Primary     General  
State:    District:     Other (specify):  
Transaction ID: D8-038n01  
Date of Disbursement: 06 / 12 / 2007  
Amount of Each Disbursement this Period: 71.60  
**MEMO**  
**Credit Card Item**  
 Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**B. Legends Restaurant**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
Hilton Wichita, 2098 Airport Road  
City: Wichita    State: KS    Zip Code: 67277  
Purpose of Disbursement (395)Meal/Mtg Expense  
Candidate Name  
Office Sought:    Disbursement For:  Primary     General  
State:    District:     Other (specify):  
Transaction ID: D10-038p01  
Date of Disbursement: 06 / 12 / 2007  
Amount of Each Disbursement this Period: 178.74  
**MEMO**  
**Credit Card Item**  
 Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

**C. Nwa Air**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City: Atlanta    State: GA    Zip Code:  
Purpose of Disbursement (395)Travel Exp-Ticket  
Candidate Name  
Office Sought:    Disbursement For:  Primary     General  
State:    District:     Other (specify):  
Transaction ID: D13-038I01  
Date of Disbursement: 06 / 12 / 2007  
Amount of Each Disbursement this Period: 180.60  
**MEMO**  
**Credit Card Item**  
 Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....  
TOTAL This Period (last page this line number only) .....

0.00  
168.88

27020300618

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (in Full) <b>PAT ROBERTS FOR SENATE</b>	<b>C00128876</b>
--	------------------

Full Name (Last, First, Middle Initial) <b>A. Tpc 620</b>		Transaction ID: <b>D16-038001</b>
Mailing Address		Date of Disbursement MM / DD / YYYY <b>06 / 12 / 2007</b>
City <b>Pratt</b>	State <b>KS</b>	Amount of Each Disbursement this Period <b>35.90</b>
Purpose of Disbursement <b>(395)Fuel Expense</b>	Category/ Type	<b>MEMO</b>
Candidate Name		<b>Credit Card Item</b>
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dillons</b>		Transaction ID: <b>D6-039X01</b>
Mailing Address <b>7707 E. Central</b>		Date of Disbursement MM / DD / YYYY <b>06 / 19 / 2007</b>
City <b>Wichita</b>	State <b>KS</b>	Amount of Each Disbursement this Period <b>20.30</b>
Purpose of Disbursement <b>(396)Supplies-TV crew</b>	Category/ Type	<b>MEMO</b>
Candidate Name		<b>Credit Card Item</b>
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Eckerd Pharmacy Store #8398</b>		Transaction ID: <b>D7-039c01</b>
Mailing Address <b>North Kings Hwy</b>		Date of Disbursement MM / DD / YYYY <b>06 / 19 / 2007</b>
City <b>Alexandria</b>	State <b>VA</b>	Amount of Each Disbursement this Period <b>12.79</b>
Purpose of Disbursement <b>(396)Photos-Jun 15-Event</b>	Category/ Type	<b>MEMO</b>
Candidate Name		<b>Credit Card Item</b>
Office Sought:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	<b>0.00</b>
TOTAL This Period (last page this line number only) .....	<b>168.88</b>

27020300619

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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17 20a     18 20b     19a 20c     21

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Hmshost-Ict-Air</b>		Transaction ID: D12-039Z01	
Mailing Address		Date of Disbursement MM / DD / YYYY 06 / 19 / 2007	
City <b>Wichita</b>	State <b>KS</b>	Zip Code	Amount of Each Disbursement this Period <b>33.97</b>
Purpose of Disbursement <b>(396)Food-Film Crew/Staff</b>		Category/ Type	
Candidate Name		<b>MEMO</b>	
Office Sought:		<b>Credit Card Item</b>	
State:	District:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼			

Full Name (Last, First, Middle Initial) <b>B. Jeremiah Bullfrogs Bar</b>		Transaction ID: D14-039T01	
Mailing Address <b>2940 SW Wanamaker Rd. #13</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2007	
City <b>Topeka</b>	State <b>KS</b>	Zip Code <b>66614</b>	Amount of Each Disbursement this Period <b>34.63</b>
Purpose of Disbursement <b>(396)Dinner-Volunteers</b>		Category/ Type	
Candidate Name		<b>MEMO</b>	
Office Sought:		<b>Credit Card Item</b>	
State:	District:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼			

Full Name (Last, First, Middle Initial) <b>C. Kum &amp; Go 0326</b>		Transaction ID: D15-039a01	
Mailing Address <b>722 S. Ridge Rd.</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2007	
City <b>Wichita</b>	State <b>KS</b>	Zip Code <b>67209</b>	Amount of Each Disbursement this Period <b>68.00</b>
Purpose of Disbursement <b>(396)Travel-Fuel</b>		Category/ Type	
Candidate Name		<b>MEMO</b>	
Office Sought:		<b>Credit Card Item</b>	
State:	District:	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼			

SUBTOTAL of Disbursements This Page (optional) .....	<b>0.00</b>
TOTAL This Period (last page this line number only) .....	<b>168.88</b>

27020300620

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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17 20a     18 20b     19a 20c     21

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NAME OF COMMITTEE (in Full)

PAT ROBERTS FOR SENATE

C00128876

Full Name (Last, First, Middle Initial)

**A. Legends Restaurant**

Mailing Address

Hilton Wichita, 2098 Airport Road

City

Wichita

State

KS

Zip Code

67277

Purpose of Disbursement

(396)Breakfast-Travel Exp

Candidate Name

Category/  
Type

Office Sought:

State:  District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D17-038p02

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2007

Amount of Each Disbursement this Period

7.58

MEMO

Credit Card Item

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. P. F. Chang's China Bistro**

Mailing Address

1401 Waterfront Pkwy

City

Wichita

State

KS

Zip Code

67206

Purpose of Disbursement

(396)Meal/Mtg Exp

Candidate Name

Category/  
Type

Office Sought:

State:  District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D19-039Y01

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2007

Amount of Each Disbursement this Period

30.14

MEMO

Credit Card Item

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. Postmaster**

Mailing Address

City  
Lyndon

State

KS

Zip Code

Purpose of Disbursement

(396)Postage Expense

Candidate Name

Category/  
Type

Office Sought:

State:  District:

Disbursement For:

Primary     General  
 Other (specify): ▼

Transaction ID: D24-039V01

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2007

Amount of Each Disbursement this Period

119.00

MEMO

Credit Card Item

Refund or Disposal of Excessive  
Contributions Required under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

168.88

27020300621



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 21

17  
20a       18  
20b       19a  
20c       21

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NAME OF COMMITTEE (in Full) **PAT ROBERTS FOR SENATE**      C00128876

Full Name (Last, First, Middle Initial) <b>A. Wendy's #3501</b>		Transaction ID: D32-039e01
Mailing Address		Date of Disbursement 06 / 19 / 2007
City Wichita	State KS	Zip Code
Purpose of Disbursement (396)Lunch-Travel Exp	Category/ Type	Amount of Each Disbursement this Period 11.33
Candidate Name		<b>MEMO</b> <b>Credit Card Item</b>
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Federal Policy Group</b>		Transaction ID: D814-03Av01
Mailing Address Attn: Mary Ellen Jamison, 101 Constitution Avenue N. W.		Date of Disbursement 06 / 22 / 2007
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Conf. Room Rental	Category/ Type	Amount of Each Disbursement this Period 100.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

Full Name (Last, First, Middle Initial) <b>C. Ms. Mary Ellen Jamison</b>		Transaction ID: D1037-03Aw01
Mailing Address Suite 701 East, 101 Constitution Avenue N. W.		Date of Disbursement 06 / 22 / 2007
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Arrange Dinner Fundraiser	Category/ Type	Amount of Each Disbursement this Period 100.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excessive Contributions Required under 11 C.F.R. 400.53
Office Sought: State:      District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	368.88

27020300623

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USPS EXPRESS MAIL \_\_\_\_\_  
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DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

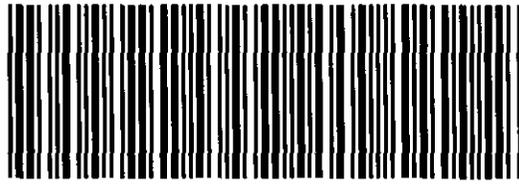
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